

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

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

Location: **Augusta** Street, Road, Etc. **Mud Mills Road** Plumbing Permit No. **16950 EP** Date Of Plumbing Permit **7-20-79**
 If On Water Body, Give Name

Owner Of Property **CLAYTON MERRILL** Tel. No. **582-4035** Name Of Applicant Owner's Agent Tel. No.

Street **RFD #1** Street

Town **GARDINER** State **ME** Zip Code **04345** Town State Zip Code

Owner's Signature *[Signature]* Date **7-16-79** Applicant's Signature Date

Size Of Lot **45,500** Is Lot Zoned? Yes No Type Of Zoning **Mud Mills Road** Subdivision Name Lot No. **4**

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 _____

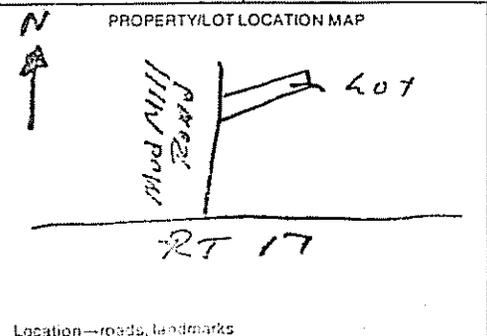
SITE INVESTIGATION Show Location Of Pits on Site Plan on Page 2

Soil Profile No.	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	Organic Strata	Organic Strata	Organic Strata	Organic Strata	Organic Strata	Organic Strata
1st Strata GRAVEL FILL	1st Strata					
Inches 34" SP	Inches	Inches	Inches	Inches	Inches	Inches
2nd Strata DARK BROWN	2nd Strata					
Inches 7" F.S.L. M.L.	Inches	Inches	Inches	Inches	Inches	Inches
3rd Strata Red BROWN	3rd Strata					
Inches 12" F.S.L. M.L.	Inches	Inches	Inches	Inches	Inches	Inches
4th Strata OTIVE	4th Strata					
Inches 10" M.L.	Inches	Inches	Inches	Inches	Inches	Inches
Total Depth of Observation Hole Inches 63	Total Depth of Observation Hole Inches					
Max. Seasonal Water Table Motting <input type="radio"/> None Evident 53 Inches	Max. Seasonal Water Table Motting <input type="radio"/> None Evident Inches	Max. Seasonal Water Table Motting <input type="radio"/> None Evident Inches	Max. Seasonal Water Table Motting <input type="radio"/> None Evident Inches	Max. Seasonal Water Table Motting <input type="radio"/> None Evident Inches	Max. Seasonal Water Table Motting <input type="radio"/> None Evident Inches	Max. Seasonal Water Table Motting <input type="radio"/> None Evident Inches
Impervious Layer Clay, Etc. <input type="radio"/> None Evident 56 Inches	Impervious Layer Clay, Etc. <input type="radio"/> None Evident Inches	Impervious Layer Clay, Etc. <input type="radio"/> None Evident Inches	Impervious Layer Clay, Etc. <input type="radio"/> None Evident Inches	Impervious Layer Clay, Etc. <input type="radio"/> None Evident Inches	Impervious Layer Clay, Etc. <input type="radio"/> None Evident Inches	Impervious Layer Clay, Etc. <input type="radio"/> None Evident Inches
Bedrock <input checked="" type="radio"/> None Evident Type of Bedrock	Bedrock <input type="radio"/> None Evident Type of Bedrock	Bedrock <input type="radio"/> None Evident Type of Bedrock	Bedrock <input type="radio"/> None Evident Type of Bedrock	Bedrock <input type="radio"/> None Evident Type of Bedrock	Bedrock <input type="radio"/> None Evident Type of Bedrock	Bedrock <input type="radio"/> None Evident Type of Bedrock
Surface Slope 0 %	Surface Slope %	Surface Slope %	Surface Slope %	Surface Slope %	Surface Slope %	Surface Slope %
Soil Group 3 Soil Condition C Per Table 9-1 Code II	Soil Group Soil Condition Per Table 9-1 Code II	Soil Group Soil Condition Per Table 9-1 Code II	Soil Group Soil Condition Per Table 9-1 Code II	Soil Group Soil Condition Per Table 9-1 Code II	Soil Group Soil Condition Per Table 9-1 Code II	Soil Group Soil Condition Per Table 9-1 Code II

On **7-13-79** (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 **Gerald C Paulin** Site Evaluator License Number **79**
 Date Signed **7-15-79**

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

SYSTEM: <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	TREATMENT TANK <input type="radio"/> Aerobic Tank <input checked="" type="radio"/> Septic Tank <input type="radio"/> Concrete <input type="radio"/> Fiberglass <input type="radio"/> Metal Size in Gallons 1000 Number of Bedrooms 3	SUBSURFACE ABSORPTION AREA/TYPE <input checked="" type="radio"/> Bed System No. of Beds 1 Length 44 ft Width 20 ft <input type="radio"/> Chamber System Number _____ <input type="radio"/> Type A <input type="radio"/> Single File <input type="radio"/> Type B <input type="radio"/> Cluster <input type="radio"/> Special System Length _____ ft Width _____ ft <input type="radio"/> Laundry System Type A _____ Type B _____ No. of Chambers: _____	SIZE <input type="radio"/> Small <input type="radio"/> Medium <input checked="" type="radio"/> Med.-Large <input type="radio"/> Large <input type="radio"/> Extra-Large Design Flow 264 GPD	SITE MODIFICATION Fill will be: <input type="radio"/> in. uphill <input checked="" type="radio"/> in. downhill
				DETAILS <input type="radio"/> A Distribution Box is required Pumping is— <input type="radio"/> required <input checked="" type="radio"/> is not required The dose will be _____ Gallons
DISTANCES <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.				



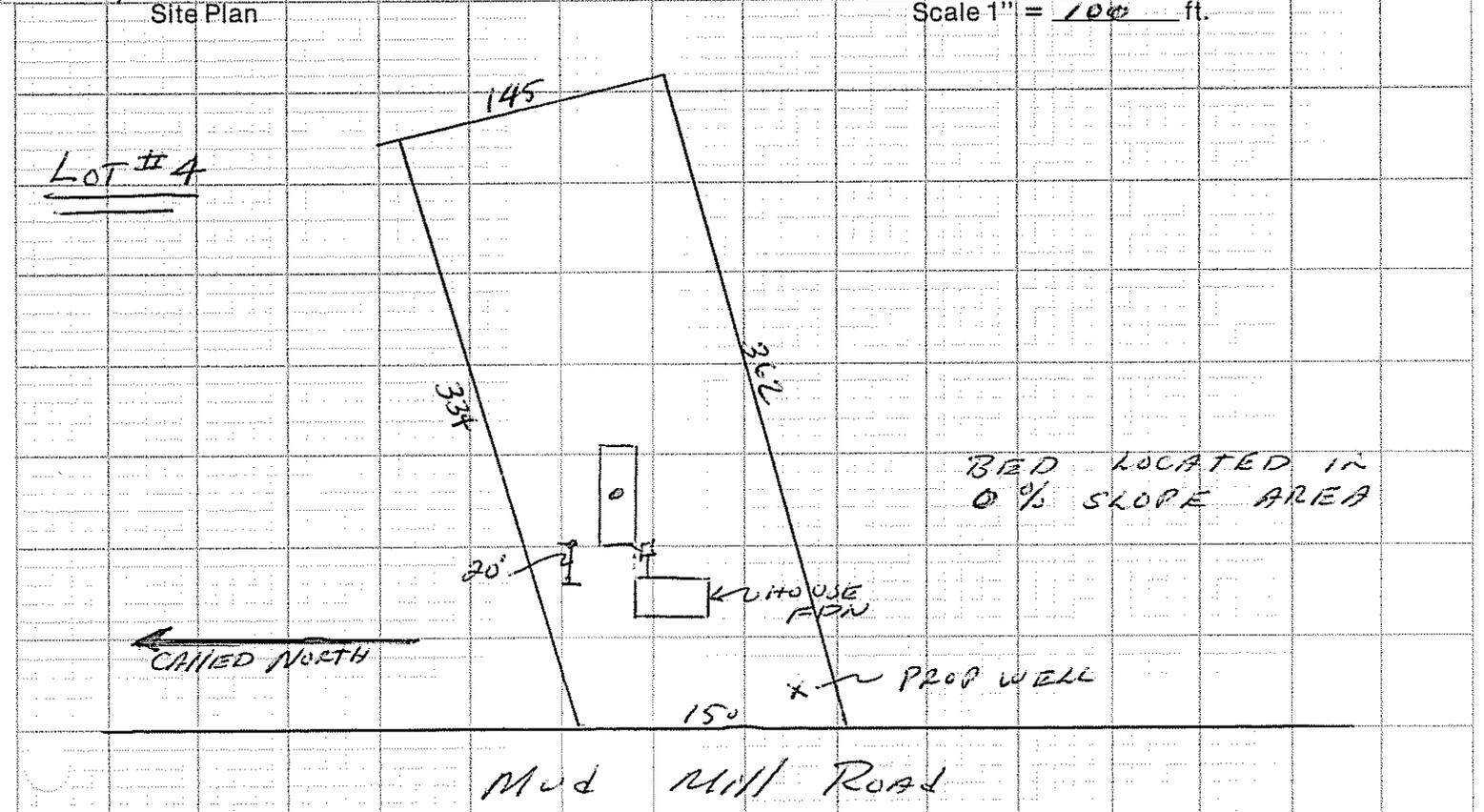
WAIVER State Variance Required Replacement Variance Required None Required

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. Baber** Date **7-16-79** HHE 200 178

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

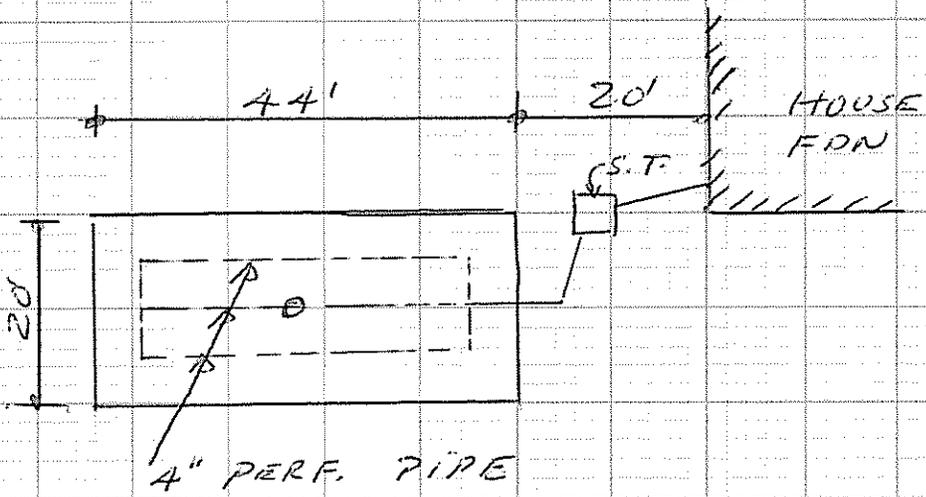
Town Augusta Street, Road, etc. Mud Mill Rd Owner of Property Clayton Merrill
If on water body, give name



● Designates Elevation Reference Point ○ Designates Test Pit

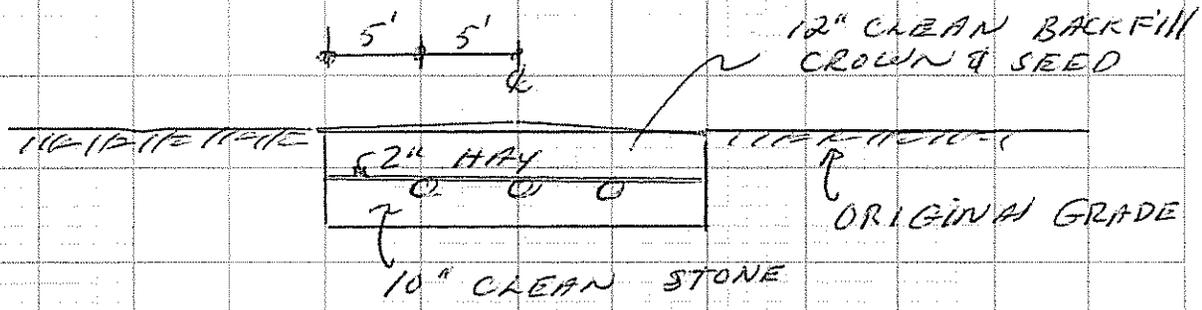
Private Sewage Disposal Plan

Scale 1" = 20' or _____



Subsurface Absorption Area Cross-section

Scale: Vertical—1" = 5' or ~~4'~~ 4'
Horizontal—1" = 20' or 10'



Site Evaluator's Signature David C. Beckler Date 7-15-79 License Number 79

Signature Required

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: 2-21-80

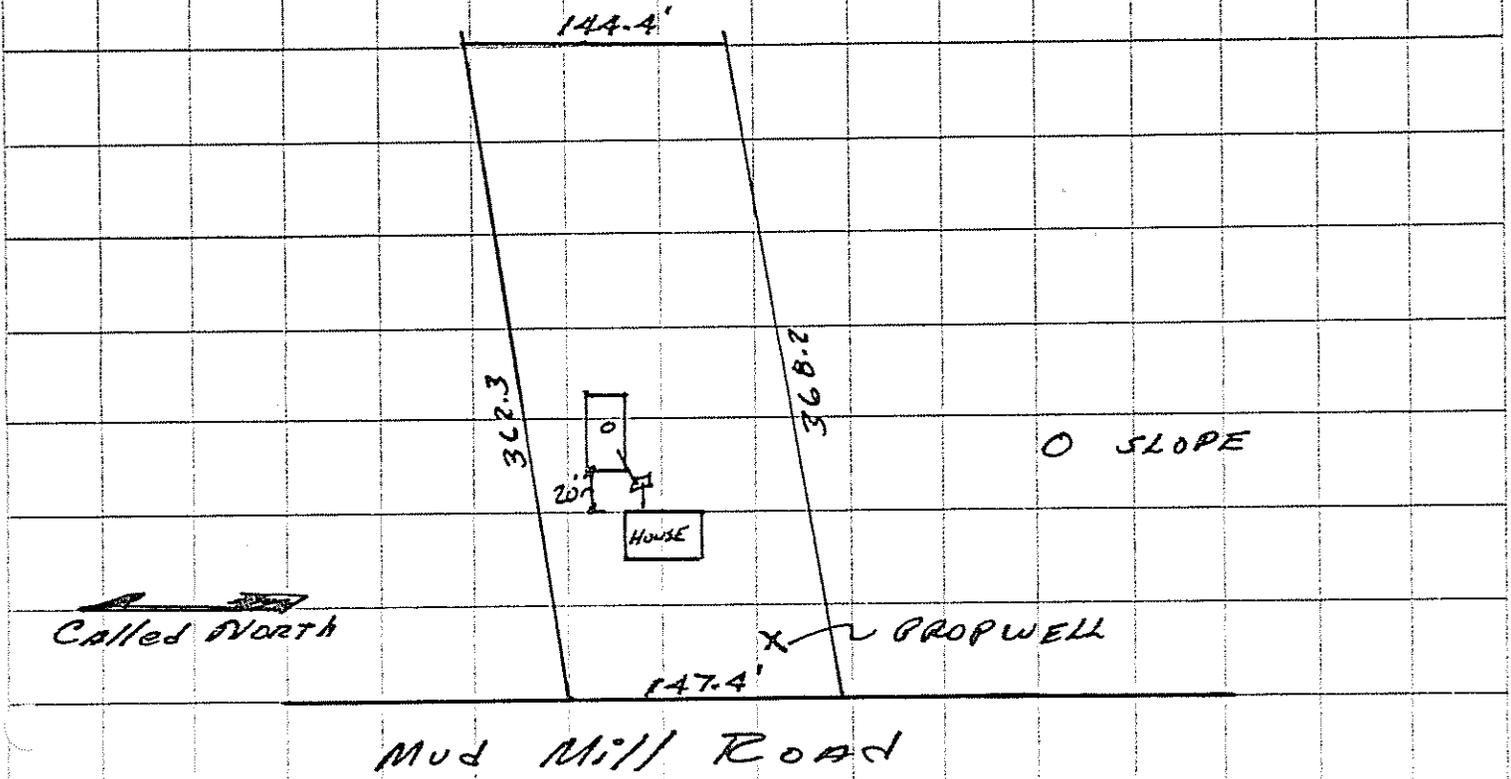
Applicant: _____
Owner: Clayton E Merrill

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

Town Augusta Street, Road, etc. Mud Mill Road Owner of Property CLAYTON MEVILL
If on water body, give name

Site Plan

Scale 1" = _____ ft.

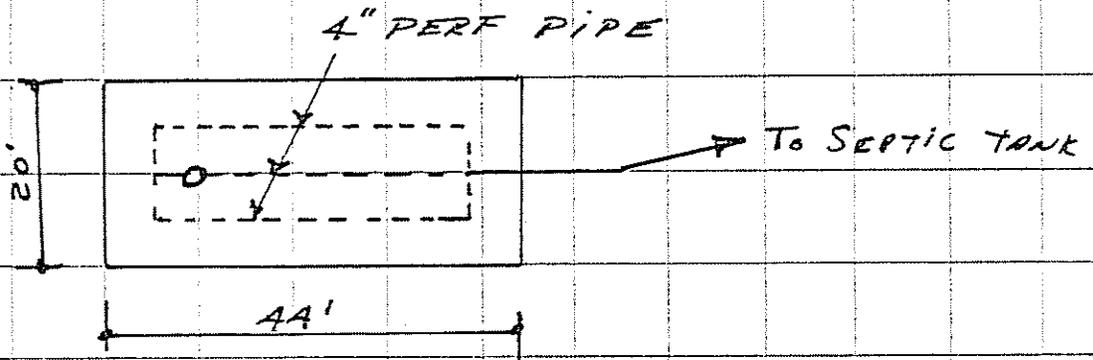


● Designates Elevation Reference Point

○ Designates Test Pit

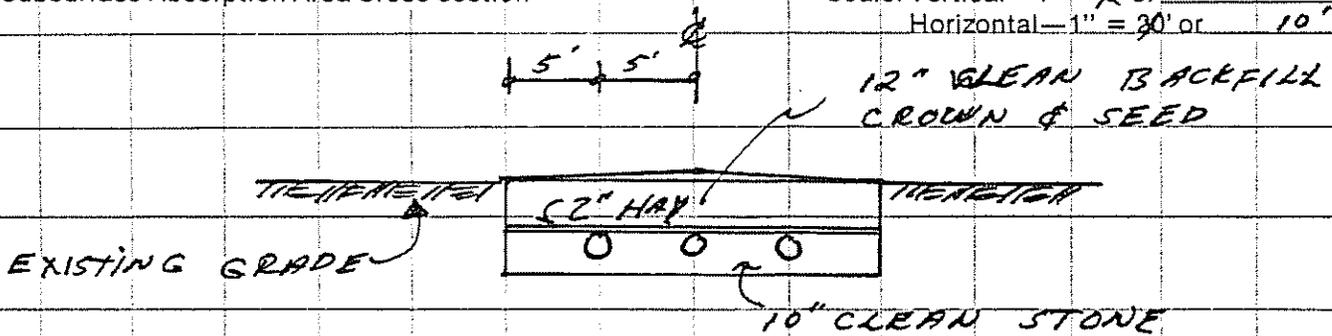
Private Sewage Disposal Plan

Scale 1" = 20' or _____



Subsurface Absorption Area Cross-section

Scale: Vertical—1" = 4' or _____
Horizontal—1" = 30' or 10'



Site Evaluator's Signature Gerald C. Poulter Date 7-15-79 License Number 79

Signature Required

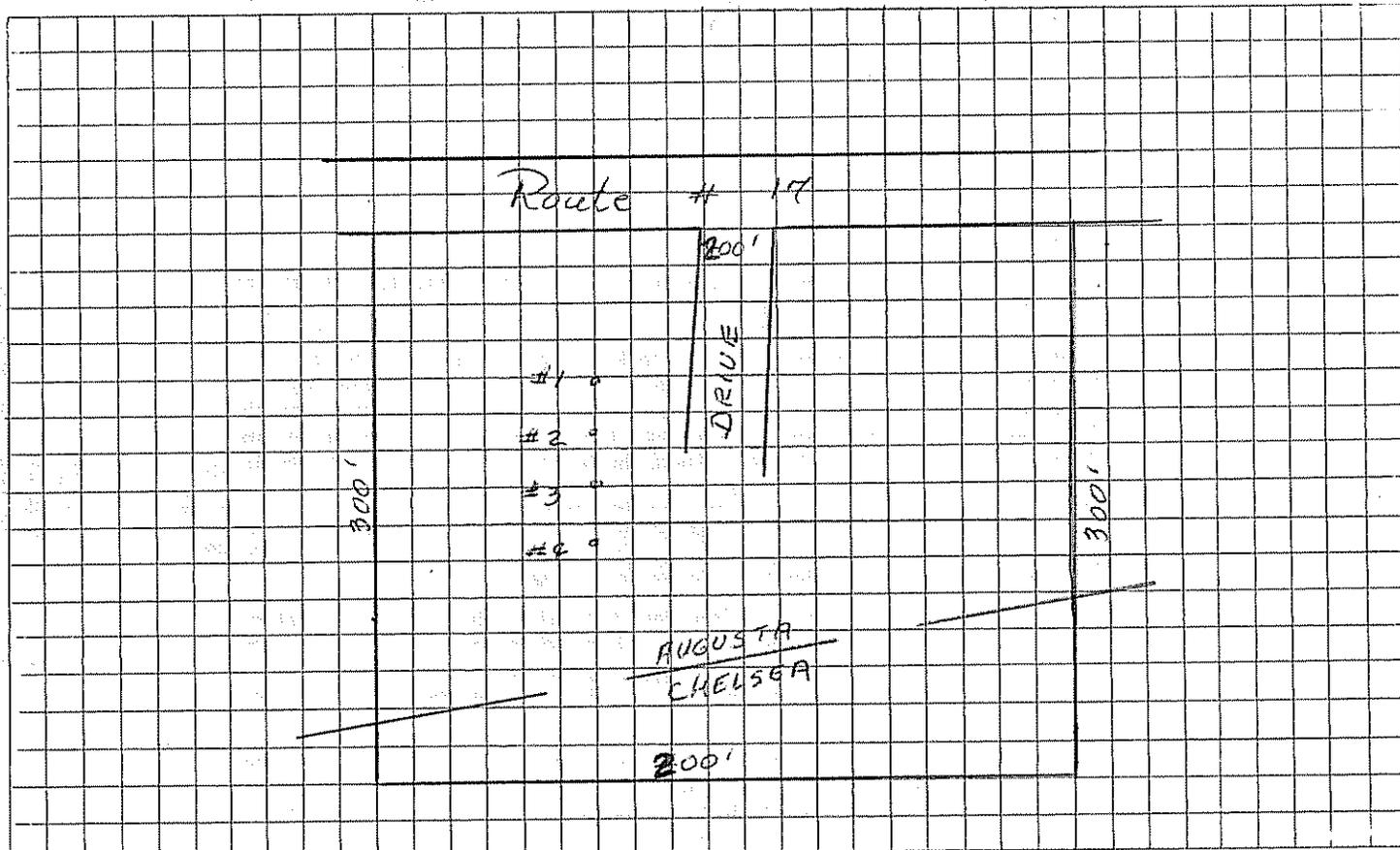
Statement: (no permit may be issued unless signed)
I certify that all the information submitted to be true and correct; and I understand that issuance of a permit is based upon the information and plans submitted by the applicant. I also understand that any falsification of this application is reason 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: 7-16-79
Applicant: _____
Owner: Clayton E Mevill

SUBMIT THE FOLLOWING COMPLETED FORM TO YOUR LOCAL PLUMBING INSPECTOR

DATE <u>Nov. 3 & 4th</u> NUMBER OF BEDROOMS _____ SIZE OF SEPTIC TANK _____ TYPE OF SOIL <u>Rocky - mixed soil</u>	OWNER <u>Clayton E. Merrill Jr</u> STREET <u>R.F.D. #1</u> CITY <u>GARDNER</u> MAINE TEL. NUMBER <u>582-4035</u>
Test Performed by <u>REG SUR # 119</u> <u>R. W. AYER</u>	LOCATION OF PROPOSED INSTALLATION STREET <u>Route # 17</u> CITY <u>Lots 13 & 14 Chases Acres</u> MAINE TEL. NUMBER <u>Augusta</u>
Local Plumbing Inspector's Signature <u>George J. Smith</u>	

SKETCH: LOCATION OF BUILDING DISPOSAL SYSTEM, TERRAIN FEATURES, PERCOLATION HOLES, WATER SUPPLIES, ETC.



_____ Depth to Water Table
 _____ Depth to Bedrock
 _____ Depth to Clay or other impervious strata

REMARKS

HOLE	HOLE DEPTH	TIME		DEPTH OF WATER SURFACE		ELAPSED TIME	TOTAL DROP OF WATER	PERCOL. RATE MINUTES/INCH	
		START	FINISH	START	FINISH				
#1	36 in.	8:00	8:56	6 in.	2 in.	56 min.	4 in.	14.0	min/in
#2	36 in.	8:05	8:58	6 in.	2 1/4 in.	53 min.	3 3/4 in.	14.1	min/in
#3	36 in.	8:10	9:01	6 in.	1 3/4 in.	51 min.	4 1/4 in.	12.0	min/in
#4	36 in.	8:15	9:08	6 in.	1 3/4 in.	53 min.	4 1/4 in.	12.4	min/in
AVERAGE RATE								13.1	min/in

METHOD OF MAKING PERCOLATION TESTS

1.—NUMBER AND LOCATION OF TESTS. A sufficient number of tests as determined from Section 122 (G) shall be made in separate test holes spaced uniformly over the proposed subsurface absorption area.

2.—TYPE OF TEST HOLE. Dig or bore a hole, with horizontal dimensions of from 4 to 12 inches and vertical sides to the depth of the proposed absorption trench. In order to save time, labor, and volume of water required per test, the holes can be bored with a 4-inch auger.

3.—PREPARATION OF TEST HOLE. Carefully scratch the bottom and sides of the hole with a knife blade or sharp-pointed instrument, in order to remove any smeared soil surfaces and to provide a natural soil interface into which water may percolate. Remove all loose material from the hole. Add 2 inches of coarse sand or fine gravel to protect the bottom from scouring and sediment.

4.—SATURATION AND SWELLING OF THE SOIL. It is important to distinguish between saturation and swelling. Saturation means that the void spaces between soil particles are full of water. This can be accomplished in a short period of time. Swelling is caused by intrusion of water into the individual soil particle. This is a slow process, especially in clay-type soil, and is the reason for requiring a prolonged soaking period.

In the conduct of the test, carefully fill the hole with clear water to a minimum depth of 12 inches over the gravel. In most soils, it is necessary to refill the hole by supplying a surplus reservoir of water, possibly by means of an automatic syphon, to keep water in the hole for at least overnight. Determine the percolation rate 24 hours after water is first added to the hole. This procedure is to insure that the soil is given ample opportunity to swell and to approach the condition it will be in during the wettest season of the year. Thus, the test will give comparable results in the same soil, whether made in a dry or in a wet season.

5.—PERCOLATION, RATE MEASUREMENT. With the exception of sandy soils, percolation-rate measurements shall be made on the day following the procedure described under item 4, above.

- A. If water remains in the test hole after the overnight swelling period, adjust the depth to approximately 6 inches over the gravel. From a fixed reference point (a stick across the hole), carefully measure the time it takes for the water to drop four (4) inches.
- B. If no water remains in the hole after the overnight swelling period add clear water to bring the depth of water in the hole to approximately 6 inches over the gravel. From a fixed reference point (a stick across the hole) carefully measure the time it takes for the water to drop four (4) inches.

6.—Find the percolation rate in minutes required for the water to drop one inch.

SAMPLE CALCULATION:

It takes 40 minutes for the water to drop 4 inches, so the PERCOLATION RATE is 40 minutes divided by 4 inches equals 10 minutes per inch.

THE PERCOLATION RATE IS

$$\frac{10 \text{ minutes/inch}}{4 \text{ inches } 40 \text{ minutes}}$$