

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
 Div of Environmental Health, 11 SHS
 (207) 287-5872 Fax: (207) 287-4172

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| PROPERTY LOCATION | | >> CAUTION: LPI APPROVAL REQUIRED << | |
| City, Town, or Plantation | AUGUSTA | AUGUSTA PERMIT #7017 Date Permit Issued: <u>12/10/14</u> | |
| Street or Road | 20 DALTON ROAD | | |
| Subdivision, Lot # | <u>153/22A</u> | | |
| OWNER/APPLICANT INFORMATION | | TOWN COPY | \$ <u>150.00</u> fee = |
| Name (last, first, MI) | EST DESIGN SERVICES, INC FOR PFG/ NORTHCENTER FOOD SERVICE | 15.00 | LPI # <u>850</u> |
| | <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant | | |
| Mailing Address of Owner/Applicant | 950 WALNUT RIDGE ROAD HARTLAND, WI 53029 | | |
| Daytime Tel. # | 262-391-0258 (DAN FRIGGE, P.E.) | | |
| OWNER OR APPLICANT STATEMENT | | I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. | |
| I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit. | | (1st) date approved _____ | |
| Signature of Owner or Applicant _____ Date _____ | | Local Plumbing Inspector Signature _____ (2nd) date approved _____ | |

| PERMIT INFORMATION | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TYPE OF APPLICATION | THIS APPLICATION REQUIRES | DISPOSAL SYSTEM COMPONENTS | |
| <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>CHAMBERS</u> Year installed: <u>1994</u> <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion | <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit | <input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input checked="" type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components | |
| SIZE OF PROPERTY | DISPOSAL SYSTEM TO SERVE | TYPE OF WATER SUPPLY | |
| 13.12 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES | <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: <u>FOOD DISTRIBUTOR WAREHOUSE</u> (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped | <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other | |
| SHORELAND ZONING | DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TREATMENT TANK | DISPOSAL FIELD TYPE & SIZE | GARBAGE DISPOSAL UNIT |
| | <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>3000</u> GAL. EXISTING <u>2-1500</u> | <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input checked="" type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ (SEE NOTES) SIZE: <u>6528(102/CHAMBER)</u> sq. ft. <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. | <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input checked="" type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input checked="" type="checkbox"/> b. <u>2</u> tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet |
| | SOIL DATA & DESIGN CLASS | DISPOSAL FIELD SIZING | EFFLUENT/EJECTOR PUMP |
| | PROFILE CONDITION <u>5 / B</u> at Observation Hole # <u>1-3</u> Depth <u>N/A</u> of Most Limiting Soil Factor | <input type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd | <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons |
| | DESIGN FLOW | | |
| | 1951 _____ gallons per day BASED ON: <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input checked="" type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities 148 Employees @ 12 GPD=1776 35 Visitors @ 5GPD=175GPD <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA Note: Actual current employee count is 108 | | |
| | LATITUDE AND LONGITUDE | | |
| | at center of disposal area Lat. <u>44</u> d <u>21</u> m <u>56</u> s Lon. <u>69</u> d <u>44</u> m <u>23</u> s if g.p.s, state margin of error: _____ | | |

| SITE EVALUATOR STATEMENT | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------|--|
| I certify that on <u>9/5/2014</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241). | | | |
| Site Evaluator Signature | 181 | 10/4/2014 | |
| JOHN ARCHARD | SE # | Date | |
| Site Evaluator Name Printed | 207-293-2674 | JTARCHARD@GMAIL.COM | |
| | Telephone Number | E-mail Address | |

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 Fax (207) 287-4172

Town, City, Plantation
AUGUSTA

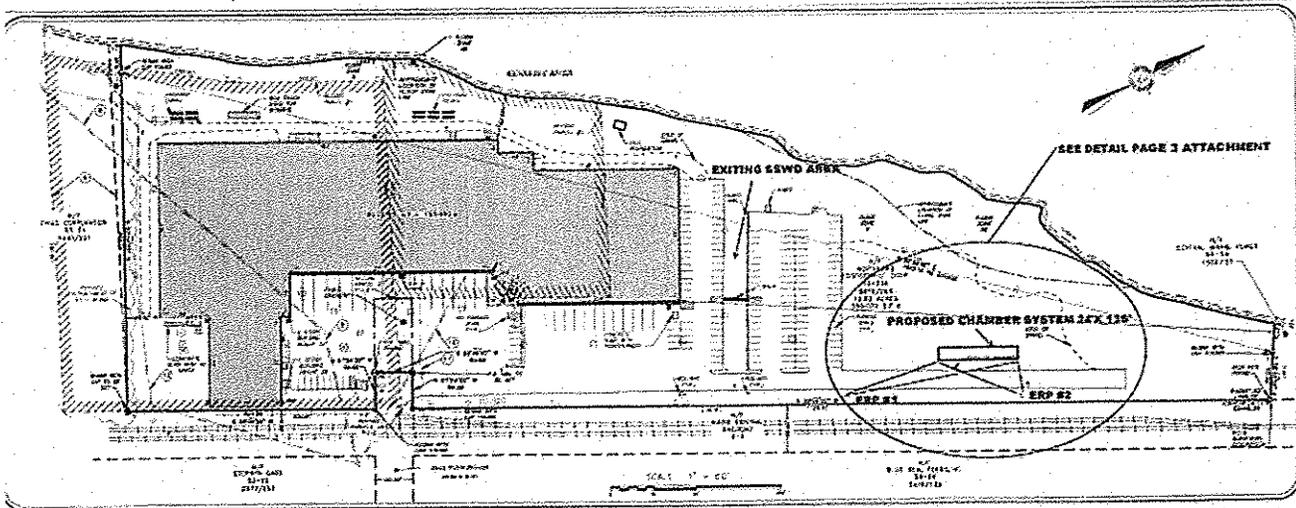
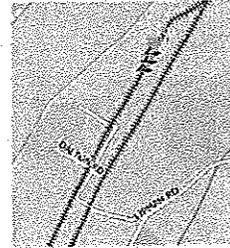
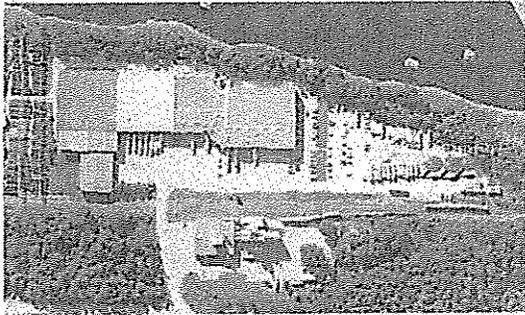
Street, Road, Subdivision
DALTON ROAD

Name of Owner
PGF/NORTHCENTER

SITE PLAN

Scale 1" = _____ Ft.
 or as shown

SITE LOCATION PLAN
 (Attach map from The Maine Atlas for
 First Time Variance)



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # TP-1 Test Pit Boring

Observation Hole # TP-2 Test Pit Boring

N/A " Depth of Organic Horizon above Mineral Soil

N/A " Depth of Organic Horizon above Mineral Soil

| Texture | Consistency | Color | Mottling |
|-----------------------|-------------|-----------------|----------|
| 0 | | LIGHT | NONE |
| 6 | COMPACTED | BROWN | EVIDENT |
| 10 | COMPACT | | |
| 15 | GRAVEL | | |
| 20 | LOAMY SAND | BROWNISH YELLOW | |
| 30 | | | |
| 42 | MEDIUM SAND | | |
| 48 | | | |
| DEPTH OF TEST PIT 67" | | | |

| Texture | Consistency | Color | Mottling |
|-----------------------|-------------|-----------------|----------|
| 0 | | LIGHT | NONE |
| 6 | COMPACTED | BROWN | EVIDENT |
| 10 | COMPACT | | |
| 15 | GRAVEL | | |
| 20 | LOAMY SAND | BROWNISH YELLOW | |
| 30 | | | |
| 42 | MEDIUM SAND | | |
| 48 | | | |
| DEPTH OF TEST PIT 55" | | | |

Soil Classification: 5 Profile, B Condition, 1 Slope Percent, N/E Limiting Factor Depth
 Ground Water
 Restrictive Layer
 Bedrock

Soil Classification: 5 Profile, B Condition, 1 Slope Percent, N/E Limiting Factor Depth
 Ground Water
 Restrictive Layer
 Bedrock

[Signature]
 Site Evaluator Signature

181
 SE#

10/1/2014
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 Fax (207) 287-4172

Town, City, Plantation
AUGUSTA

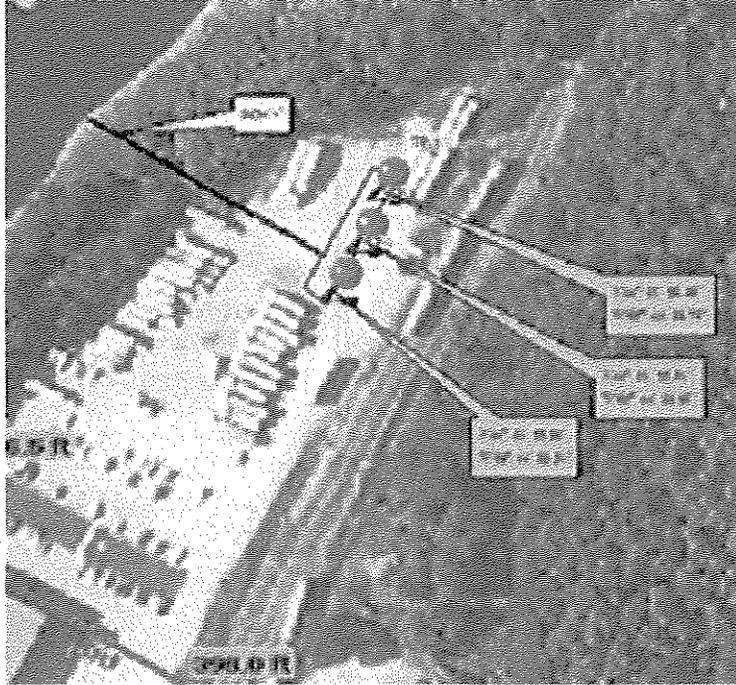
Street, Road, Subdivision
DALTON ROAD

Name of Owner
PFG/NORTHCENTER

SITE PLAN

Scale 1" = _____ Ft.
 or as shown

SITE LOCATION PLAN
 (Attach map from *The Maine Atlas* for
 First Time Variance)



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # TP-3 Test Pit Boring

Observation Hole # _____ Test Pit Boring

N/A " Depth of Organic Horizon above Mineral Soil

N/A " Depth of Organic Horizon above Mineral Soil

| Depth below mineral surface (inches) | Texture | Consistency | Color | Mottling |
|--------------------------------------|----------------|-------------|-----------------|--------------|
| 0 | | | | |
| 6 | COARSE, COBBLY | COMPACTED | LIGHT BROWN | NONE EVIDENT |
| 10 | COMPACT GRAVEL | | | |
| 15 | | | | |
| 20 | | | | |
| | LOAMY SAND | FRIABLE | BROWNISH YELLOW | |
| 30 | | | | |
| 42 | MEDIUM SAND | | | |
| | | | | |
| | | | | |
| 48 | | | | |

DEPTH OF TEST PIT - 60"

| | | | |
|---------------------|-----------|-----------------|--------------------------------------------|
| Soil Classification | Slope | Limiting Factor | <input type="checkbox"/> Ground Water |
| 5 Profile | 1 Percent | N/E-Depth | <input type="checkbox"/> Restrictive Layer |
| B Condition | | | <input type="checkbox"/> Bedrock |

| Depth below mineral surface (inches) | Texture | Consistency | Color | Mottling |
|--------------------------------------|---------|-------------|-------|----------|
| 0 | | | | |
| 6 | | | | |
| 10 | | | | |
| 15 | | | | |
| 20 | | | | |
| 30 | | | | |
| 42 | | | | |
| 48 | | | | |

| | | | |
|---------------------|---------|-----------------|--------------------------------------------|
| Soil Classification | Slope | Limiting Factor | <input type="checkbox"/> Ground Water |
| Profile | Percent | Depth | <input type="checkbox"/> Restrictive Layer |
| Condition | | | <input type="checkbox"/> Bedrock |

[Signature]
 Site Evaluator Signature

181
 SE#

10/1/2014
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 Fax (207) 287-4172

Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
DALTON ROAD

Name of Owner
PFG/NORTHCENTER

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

SEE ATTACHED PLAN

NOTES:

1. FIFTY ONE 8X8 CONCRETE CHAMBERS MAY BE SUBSTITUTED FOR 102 4X8 IF AVAILBLE.
2. IF IT IS DETERMINED TRUCK TRAFFIC WILL BE ROUTED OVER THE DISPOSAL AREA H20 CHAMBERS ARE REQUIRED
3. REMOVE ALL EXISTING COMPACT GRAVEL FROM ABOVE DISPOSAL AREA AND FILL EXTENTIONS
4. FILL EXTENSIONS SHOWN ARE MINIMUM REQUIRED @ 4: 1 SLOPE AND MAY BE EXTENDED BEYOND MINIMUM @ GREATER THAN 4:1
3. IF TRUCK TRAFFIC WILL BE ROUTED OVER DISPOSAL AREA THE TOP 16" OF FILL MAY BE A HIGH QUALITY ROAD GRAVEL FREE OF COBBLES IN LIEU OF LOAM AND SEED
4. IF THE DISPOSAL AREA IS TO BE PLOWED 2" OF STYROFOAM INSULATION SHALL BE INSTALLED OVER THE ENTIRE DISPOSAL AREA INCLUDING THE PERIMETER STONE
5. FORCE MAIN AND DISTRIBUTION BOX MUST BE INSULATED TO PROTECT FROM FREEZING
6. EXISTING TANKS TO BE PUMPED AND BAFFLES INSPECTED, AND REPAIRED IF NEEDED, PRIOR TO CONNECTION TO THE NEW DISPOSAL AREA
7. WASHING OF VEHICLES MUST BE DONE A MINIMUM OF 50' FROM DISPOSAL AREA WITH DRAINAGE DIRECTED AWAY FROM DISPOSAL AREA
8. SEE ATTACHED GENERAL NOTES FOR REQUIREMENTS TO CONFORM TO 10-144 CHAPTER 241 STATE OF MAINE, SUBSURFACE WASTEWATER DISPOSAL RULES

ERP#1=Yard Light Post
 marked 28.5" above
 concrete post foundation

ERP #2=Yard Light Post
 marked 15" above
 concrete post foundation

BACKFILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Backfill (Upslope) 0-12" Finished Grade Elevation
 Depth of Backfill (Downslope) 0-10" Top of Distribution Pipe or Proprietary Device
 DEPTHS AT CROSS-SECTION (shown below) Bottom of Disposal Field

-47"
 -70"
 -83"
 Location & Description **SEE ABOVE**
 Reference Elevation is: **0.0"** or: _____

DISPOSAL AREA CROSS SECTION

Scales:
 Vertical: 1"=4 Ft.
 Horizontal: 1"=10 Ft.

SEE ATTACHED CROSS SECTIONS

GENERAL NOTES

1. Site evaluations conform to the criteria of the "State of Maine Subsurface Waste Water Disposal Rules-1 44A CMR 24I latest revision. Other environmental concerns are not evaluated and may require additional professional opinions and/or permits. The delineation of wetlands, when required, is to be performed by competent consultants experienced in such practice and may affect the suitability of particular sites.
2. All construction to conform to the specifications in the "State of Maine Subsurface Waste Water Disposal Rules-144A CMR 241 " latest revision.
3. Wells & structures must maintain setbacks from the disposal system as allowed or required in Chapter 4 "State of Maine Subsurface Waste Water Disposal Rules-144A CMR 241".
4. Property lines as shown are as provided by owner/owner's agent; no guarantee of accuracy is implied. **ACTUAL PROPERTY LINES MUST BE CONFIRMED BY SURVEY PRIOR TO INSTALLING ANY COMPONENT OF THE PROPOSED SSWD SYSTEM THAT MAY BE WITHIN 10 FEET OF A PROPERTY LINE IN ORDER TO CONFIRM REQUIRED SETBACKS ARE MET.**
5. Underground utilities shown are as indicated by the owner/operator or their agent. The owner/operator shall locate and mark all underground utilities, notify "Dig Safe" and the excavation contractor, as required, prior to any excavation.
6. A septic tank filter is required when installing a mechanical garbage disposal or solids handling grinder pump or when otherwise specified. **FILTERS MUST BE CHECKED AND CLEANED, IF NEEDED, ANNUALLY OR IF THERE IS AN INDICATION EFFLUENT FLOW IS RESTRICTED.**
7. Septic tanks and pump stations, when required, shall be installed watertight to prevent the infiltration of ground or surface water. Pumps shall be sized for actual installed T.D.H. For uninterrupted service during repair, duplex pumps are recommended.
8. Force mains and pressure lines shall be flushed of foreign material and pumps checked for proper on/off cycle before being put in service.
9. Applicability of the design must be reevaluated when the location of structures are substantially different than shown on the site plan, or when other appurtenances (i.e.: swimming pools) are added.
10. Systems put into service prior to establishing proper cover shall be provided with adequate erosion controls. Erosion controls, when required, must conform with those specified in the " Maine Erosion and Sedimentation Control Handbook for Construction: Best Management Practices" DEP March 1991
11. Provide low profile tanks when determined as needed in the field. All tanks may be field located and meet the setback requirements of "State of Maine Subsurface Waste Water Disposal Rules-144A CMR 24 ".
12. All components subject to freezing must be adequately insulated.
13. The LPI shall inform the owner and designer of any local ordinances exceeding the "State of Maine Subsurface Waste Water Disposal Rules-1 44A CMR 24I "prior to issuing a permit so that necessary amendments can be made to the design.
14. Systems must be maintained as outlined in "Top Ten Tank Tips" DHE
<http://www.state.me.us/dhs/eng/plumb/Adobe/top10tips.pdf>
15. All designs are subject to Local, State, or Federal review. Designer's liability shall be limited to required revisions. In no case shall liability exceed designer's fee.

The owner/applicants signature on page one acknowledges their understanding of the "General Notes"

Attachment to Form HHE-200
John Archard S.E. #181 5/5/2014

Railroad Track

APPROXIMATE PROPERTY LINE

ERP#1=Yard
Light Post

ERP #2=Yard
Light Post

47'

Paved Way

258.5'

133'

127.33'

Surface Drainage

C

12'

8'

5'

52°

7'

6'

48.2'

57.25'

59.25'

58'

136'

12' 1 1/2" Perimeter Stone

Existing surface elevations (Typ)

4" SDR-35 PVC MANIFOLD

102 4x 8 Concrete Chambers

Recommended Vent

TP-3

TP-2

TP-1

Distribution Box

4" SDR-35 PVC DISTRIBUTION LINES

Catch Basin

2" PE FORCE MAIN

A

B

C

A'

B'

C'

24'

Approximate Fill Limits
(Required 4:1) (see
Notes)

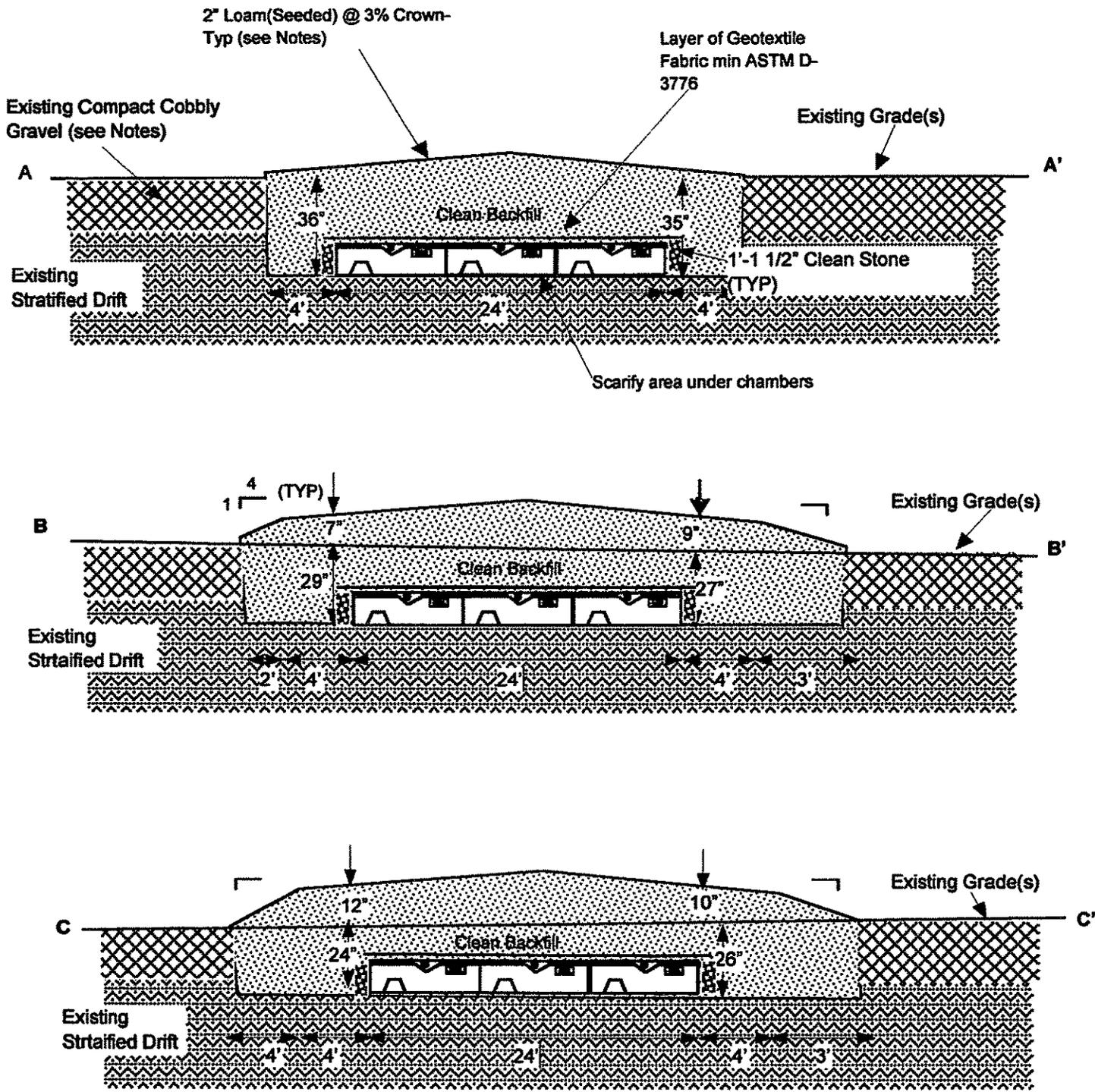
PFG / Northcenter Food Service

Replacement SSWD Area

SUBSURFACE WASTEWATER DISPOSAL PLAN
HHE-200 PAGE 3 ATTACHEMENT

Scale: 1"=20'

Drawn by: J Archard LSE#181 Date: October 4, 2014



Note: All fill to be clean gravelly, coarse, sharp, sand. (See section 11 E of "Rules")

| | |
|-----------------------------------------|------------------------|
| PFG / Northcenter Food Service | |
| Replacement SSWD Area | |
| DISPOSAL AREA CROSS SECTIONS | |
| HHE-200 PAGE 3 ATTACHMENT | |
| Scale: Vertical 1"=4' Horizontal 1"=10' | |
| Drawn by:: J Archard LSE#181 | Date:: October 4, 2014 |

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5472 Fax: (207) 287-4172

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| PROPERTY LOCATION | | >> CAUTION: LPI APPROVAL REQUIRED << | |
| City, Town, or Plantation | AUGUSTA | Town/City | AUGUSTA |
| Street or Road | 20 DALTON ROAD | Permit # | _____ |
| Subdivision, Lot # | _____ | Date Permit Issued | ___/___/___ Fee: \$ _____ Double Fee Charged () |
| OWNER/APPLICANT INFORMATION | | Local Plumbing Inspector Signature _____ L.P.I. # _____ | |
| Name (last, first, MI) EST DESIGN SERVICES, INC FOR PFG/ <input type="checkbox"/> Owner NORTHCENTER FOOD SERVICE <input checked="" type="checkbox"/> Applicant | | <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State | |
| Mailing Address of Owner/Applicant | 950 WALNUT RIDGE ROAD HARTLAND, WI 53029 | The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules. | |
| Daytime Tel. # | 262-391-0268 (DAN FRIGGE, P.E.) | Municipal Tax Map # _____ Lot # _____ | |
| OWNER OR APPLICANT STATEMENT: I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit. <i>Daniel A. Frigge</i> 12/8/14 Signature of Owner or Applicant Date | | CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. _____ Local Plumbing Inspector Signature (1st) date approved _____ _____ Local Plumbing Inspector Signature (2nd) date approved _____ | |

| PERMIT INFORMATION | | |
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| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | | |
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| SITE EVALUATOR STATEMENT | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------|
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| <i>John Archard</i> Site Evaluator Signature | 181 SE # | 10/4/2014 Date |
| JOHN ARCHARD Site Evaluator Name Printed | 207-293-2674 Telephone Number | JTARCHARD@GMAIL.COM E-mail Address |

MISCELLANEOUS PAYMENT RECPT#: 794759
CITY OF AUGUSTA
16 CONY STREET
AUGUSTA ME 04330

DATE: 12/08/14 TIME: 13:14
CLERK: cheryl DEPT: CODE
CUSTOMER#: 0

COMMENT: M53/L23A-20 DALTON R

CHG: CSPLUM PLUMBING PERMIT 265.00

AMOUNT PAID: 265.00

PAID BY: ESI CONSTRUCTORS, IN
PAYMENT METH: CHECK
PNCB/53223
REFERENCE: SEPTIC-NO CT

AMT TENDERED: 265.00
AMT APPLIED: 265.00
CHANGE: .00

118080



ESI CONSTRUCTORS, INC.
950 WALNUT RIDGE DR
HARTLAND WI 53029

PNC BANK 70-2189
719

53223

Pay: *****Two hundred sixty-five dollars and no cents

DATE: December 5, 2014 CHECK NO: 53223 AMOUNT: \$*****265.00

PAY TO THE ORDER OF

City of Augusta
Attn: Gary Fuller
16 Cony Street
Augusta, ME 04330-5298

[Signature]

ESI CONSTRUCTORS, INC.

⑈053223⑈ ⑆071921891⑆ 4643696556⑈

\$25 1002200337
\$75 10356531-531002
\$100

OV: 12/10/14
Return check back to Cheryl V.

#8080



ESI Design Services

950 Walnut Ridge Drive
Hartland, WI 53029

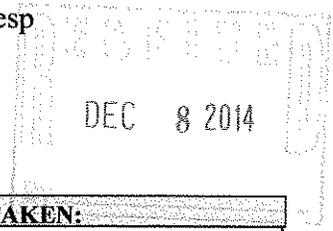
Phone: 262-369-3535
Fax: 262-369-3592

TRANSMITTAL

No. 00006

PROJECT: PFG NorthCenter - Augusta, ME
TO: City of Augusta, ME
Code Enforcement Office
16 Cony Street
Augusta, ME 04330-5298
Phone: 207-626-2368 Fax:

DATE: 12/5/2014
JOB NO: 80-3591-14
REF: Septic System Permit
OA Corresp



ATTN: Gary Fuller

| | SUBMITTED FOR: | ACTION TAKEN: |
|--------------------------------------------|--------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Shop Drawings | <input type="checkbox"/> Approval | <input type="checkbox"/> Approved as Submitted |
| <input type="checkbox"/> Letter | <input type="checkbox"/> Your Use | <input type="checkbox"/> Approved as Noted |
| <input type="checkbox"/> Prints | <input type="checkbox"/> As Requested | <input type="checkbox"/> Returned After Loan |
| <input type="checkbox"/> Change Order | <input type="checkbox"/> Review and Comment | <input type="checkbox"/> Resubmit 0 Copies for Approval |
| <input type="checkbox"/> Plans | | <input type="checkbox"/> Submit 0 Copies |
| <input type="checkbox"/> Samples | SENT VIA: | <input type="checkbox"/> Returned |
| <input type="checkbox"/> Specifications | <input checked="" type="checkbox"/> Attached 2DA | <input type="checkbox"/> Returned for Corrections |
| <input checked="" type="checkbox"/> Other: | <input type="checkbox"/> Separate Cover Via: | <input type="checkbox"/> Due Date: |

| ITEM NO. | COPIES | DATE | ITEM NUMBER | REV. NO. | DESCRIPTION | STATUS |
|----------|--------|------|-------------|----------|----------------------|--------|
| 01 | 3 | | | | Septic System Permit | NA |
| 02 | 1 | | | | Check for \$265.00 | NA |

Remarks: Please return approved permit to Dan Frigge, ESI Design Services:

Address:
950 Walnut Ridge Drive
Hartland, WI 53029

Thank you.

CC: File

Signed:
Dan Frigge

Express

From: (262) 369-3535
Sheila Fastiga
ESI Design Services
950 Walnut Ridge Drive

Hartland, WI 53029

Origin ID: ZMLA

FedEx
Express



J142214932036v

Ship Date: 05DEC14
ActWgt: 1.0 LB
CAD: 7226521/NET3550

Delivery Address Bar Code



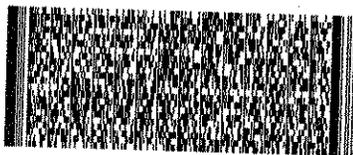
SHIP TO: (267) 626-2368

Gary Fuller
City of Augusta
16 Cony Street
Code Enforcement Office
AUGUSTA, ME 04330

BILL SENDER

Ref # 80-3591-14 OASepicPermit
Invoice #
PO #
Dept #

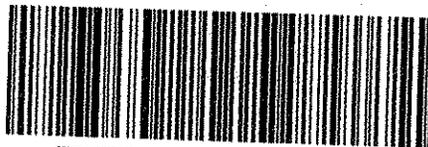
TUE - 09 DEC AA
** 2DAY **



TRK# 7721 1022 3763
0201

SG AUGA

04330
ME US
PWW



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After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

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