

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: Augusta
 Street: 500 Park St Ave.
 Subdivision Lot #

PROPERTY OWNERS NAME

Last: Nations First: Credit Financial Services

Applicant Name: Same

Mailing Address of Owner/Applicant (# Different)

AUGUSTA 3000

Date Permit Issued: 6/10/94 \$ 60.00 FEE Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 850

TOWN COPY

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 6/14/94

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature: [Signature] Date Approved: 12-28-94

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
- Requiring Local Plumbing Inspector Approval
- Requires State and Local Plumbing Inspector Approval

INSTALLATION IS:

COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (Includes Alternative Toilet)
- ENGINEERED (+ 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY

Private

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: _____

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER _____ SPECIFY _____

SIZE OF PROPERTY _____ **ZONING** SUBURBAN

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: _____ GALS.

WATER CONSERVATION

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

- NOT REQUIRED
- MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

DESIGN FLOW: _____ (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE | CONDITION

DEPTH TO LIMITING FACTOR: _____

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq. Ft.
- CHAMBER _____ Sq. Ft.
 REGULAR H-20
- TRENCH _____ Linear Ft.
- OTHER: _____

SITE EVALUATOR STATEMENT

On _____ (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Site Evaluator Signature: _____ SE# _____ Date _____

* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Option

TOWN COPY



on R. McKernan, Jr.
Governor

Jane Sheehan
Commissioner

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

ADDRESS REPLY TO

August 30, 1993

Nations Credit Financial Services
c/o Boyd Brown
PO Box 417
Gardiner ME 04345

REPLACEMENT SYSTEM VARIANCE REQUEST
CONDITIONAL

Dear Mr. Brown:

The Division has reviewed the variance to the Subsurface Wastewater Disposal Rules to install a replacement subsurface wastewater disposal system at:

Street Route 105, Togus Pond
Town/City Augusta
State Maine

The Division approves the variance with the following conditions:

1. The existing house is approved for the usage of the proposed 147 gallon per day system designed by Charles King, Site Evaluator.
2. The existing camp is not approved to utilize the 147 gallon per day system. The camp will require a separate holding tank application stating the one bedroom camp will be used only seasonally.
3. A water meter and low volume fixtures shall be installed.

Respectfully,

Rick Smith
Wastewater & Plumbing Control
Division of Health Engineering

cc: George Soucy, LPI
Charles King, SE



L. McKernan, Jr.
Governor

Rollin Ives
Commissioner

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

WELL SETBACK RELEASE FORM

I, James D. Anderson, permanent mailing address 3 Grand View Terrace,
(name of well owner) (street, road, etc.)

San Francisco, CA, hereby give my approval to Nations Credit-Financial Services,
(town) (owner of system being installed)

permanent mailing address 9 Trafalgar Square, Nashua, NH,
(street, road, etc.) (town)

For the purpose of locating and installing a wastewater disposal system (holding tank) no
less than 85 feet (horizontal distance) to my ? foot deep drilled well
(drilled, dug, etc., plus depth to well)

located at Rt 105, Togus Pond, Augusta, Maine
(well location and address, if different from the above address)

Unknown

James D. Anderson 7/1/93
Signature - Owner of well Date
NATIONS CREDIT FINANCIAL SERVICES CORP.

John M. Clark 6/22/93
Signature - Owner of disposal Date
JOHN M. CLARK field ITS MANAGER DULY AUTHORIZED

T. Blaino 7/1/93
Signature - Witness Date

mb5 41



L. McKernan, Jr.
Governor

Rollin Ives
Commissioner

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

WELL SETBACK RELEASE FORM

I, Maness Raymond, permanent mailing address RFD # 7 Box 2075
(name of well owner) (street, road, etc.)

Augusta, ME, hereby give my approval to Nations Credit-Financial Services,
(town) (owner of system being installed)

permanent mailing address 9 Trafalgar Square, Nashua, NH
(street, road, etc.) (town)

For the purpose of locating and installing a wastewater disposal system ~~(holding tank)~~ ^{on the WATERFRONT SIDE} no

less than 45 feet (horizontal distance) to my UNK. foot deep drilled well
(drilled, dug, etc., plus depth to well)

located at Rt 105, Togus Pond, Augusta, Maine
(well location and address, if different from the above address)

m65 c3

[Signature] 7/21/93
Signature - Owner of well Date

NATIONSCREDIT FINANCIAL SERVICES CORP.
[Signature] 6/22/93
Signature - Owner of disposal Date
JOHN M. CLARK field ITS MANAGER DULY AUTHORIZED

[Signature] 7/21/93
Signature - Witness Date



McKernan, Jr.
Governor

Rollin Ives
Commissioner

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

WELL SETBACK RELEASE FORM

I, Nations Credit Fin. Ser, permanent mailing address 9 Trafalgar Square,
(name of well owner) (street, road, etc.)

Nashua, NH, hereby give my approval to Nations Credit-Financial Services,
(town) (owner of system being installed)

permanent mailing address 9 Trafalgar Square, Nashua, NH,
(street, road, etc.) (town)

For the purpose of locating and installing a wastewater disposal system (holding tank) no
less than 30 feet (horizontal distance) to my 60+- foot deep drilled well
(drilled, dug, etc., plus depth to well)

located at Rt 105, Togus Pond, Augusta, Maine.
(well location and address, if different from the above address)

NATIONSCREDIT FINANCIAL SERVICES CORP.

John M Clark 6/22/93
Signature - Owner of well Date

JOHN M. CLARK, ITS MANAGER DULY AUTHORIZED
NATIONSCREDIT FINANCIAL SERVICES CORP.

John M Clark 6/22/93
Signature - Owner of disposal Date
JOHN M. CLARK field, ITS MANAGER DULY AUTHORIZED

Quille L. Bottinsky 6/27/93
Signature - Witness Date