

MAINE DEPARTMENT OF HEALTH AND WELFARE APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT		(For systems disposing of less than 2000 gallons per day)	This is NOT a permit; this form when completed must be presented to the Local Plumbing Inspector to obtain a permit.	Page 1 of 2
Town ACQUITA	Street, Road, etc. ROUTE ROAD	Permit No. 9600-6	Date 7/5/75	
Owner of property KENNETH BLACK, M.D., D.D., AUGUST, MAINE		Size of lot 150x270	<input type="radio"/> Sq. feet <input type="radio"/> Acres	
Name & type of establishment if other than private home		Is lot Zoned? <input type="radio"/> Yes <input type="radio"/> No	Type of Zoning <input type="radio"/> Residential <input type="radio"/> Commercial <input type="radio"/> Resource Protection	
Name of applicant Owner's agent X Kenneth Black		If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following: <input type="radio"/> Deed restriction re. private sewage disposal <input type="radio"/> Copy of the subdivision's soils report <input type="radio"/> Soils report from a State Agency		
Applicant's address Street, Box, etc. X M.D.H.		Tel. No. 682-6757		
Town Acquita	Maine	Subdivision name	Lot No.	
Applicant's signature X Kenneth Black		Date 7/5/75		
Owner's signature		Date		

This application is for: New System Expanded System Replacement System Replacement of Treatment Tank Only Disposal Area Only

The water supply for this property is: Dug-well, depth _____, lining _____; Drilled well, depth _____, lining _____; Spring depth _____, lining _____; Surface water Body, Course— with disinfection, without disinfection. Public Utility, name _____

SITE INVESTIGATION						
Show location of pits and/or borings on sketch on page 2, and refer to completed sample form and Chapter 4 of the Code, II.						
Soil Profile No.	Soil Profile No. 1		Soil Profile No. 2		Soil Profile No. 3	
	<input type="checkbox"/> Pit	<input checked="" type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input checked="" type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input checked="" type="checkbox"/> Boring
Thickness and Description of each strata encountered	Organic strata Inches +1"					
	1st strata Inches RED BROWN SAND					
	2nd strata Inches YELLOW BROWN LOAMY SAND					
	3rd strata Inches GREY BROWN SAND* PINE					
Depth from surface of ground to:	Total Depth of observation hole Inches 60					
	Max. Ground water table—mottling Inches 48	Max. Ground water table—mottling Inches 46	Max. Ground water table—mottling Inches 48	Max. Ground water table—mottling Inches 50	Max. Ground water table—mottling Inches 48	Max. Ground water table—mottling Inches 48
	Impervious layer, clay, etc. Inches					
	Bedrock Type of Bedrock					
Surface slope 1-2%	Surface slope 1-2%	Surface slope 1-2%	Surface slope 1-2%	Surface slope 1-2%	Surface slope 1-2%	
Soil Group & Condition per Table 9-1 of the Code, II	5-B	Soil Group & Condition per Table 9-1 of the Code, II	5-B	Soil Group & Condition per Table 9-1 of the Code, II	5-B	

On **7/5/75** (date), a site investigation for this project was completed. I supervised 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 and Registration/Certification Number
WILLIAM W. RIDEOUT
CONSULTING GEOLOGIST
RFD #5
GARDINER, MAINE 04345
 Date signed **7/5/75** **PHONE (207) 582-4161**

Soil Scientist
 Geologist
 Soil Engineer
 Other, must show current letter of certification to LPI.

PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED					
Show location of system and details on sketch on page 2, and refer to completed sample form					
SYSTEM: <input 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"/> Incinerator Toilet <input type="radio"/> Chemical Toilet <input type="radio"/> Other, describe See Chapter 9 of the Code, II.	TREATMENT TANK: <input checked="" type="radio"/> Septic Tank <input type="radio"/> Concrete <input type="radio"/> Fiberglass <input type="radio"/> Metal Manufacturer— Size in gallons 1000 <input type="radio"/> Aerobic Tank Manufacturer— Model No. Size in gallons	SUBSURFACE ABSORPTION AREA			
		Type <input type="radio"/> Trench System: Total trench length _____ <input type="radio"/> Bed System Length _____ Width 75 <input type="radio"/> Chamber System Number _____ <input type="radio"/> Type A <input type="radio"/> Single File <input type="radio"/> Type F <input type="radio"/> Cluster <input type="radio"/> Mound System Length _____ Width _____ at base <input type="radio"/> Special System Length _____ Width _____ <input type="radio"/> Non-discharge System Bed-Length _____ Width _____ Holding Tank Size _____ Gal. Manufacturer _____ <input type="radio"/> Alarm device provided, type _____		SIZE <input type="radio"/> Very Small <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Medium Large <input type="radio"/> Large <input type="radio"/> Extra Large	
		SITE MODIFICATION Fill is— <input type="radio"/> required, <input type="radio"/> not required Fill will be 2" inches deep DETAILS RECOMMENDED <input type="radio"/> A Distribution Box is required Pumping is— <input type="radio"/> required, <input type="radio"/> is not required. The Dose will be 75+ gallons		DISTANCES <input 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 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.	
		PROPERTY/LOT LOCATION MAP 			

FOR THE USE OF LPI ONLY

Denial: Application is denied for 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 2.3.

Site Investigation indicates site is totally unsuitable for disposal system; Sections 4.5 and 9.5, Table 9-1 Group 9 and 10. Unsuitable for system proposed; Sections 4.3, 4.6, 9.5, Table 9-1.

System Proposed does not conform to Code; See Sections 9, _____.

Site Investigation indicates site modifications are necessary; See Sections 4.3, 4.4, 4.6, 8.7.

Miscellaneous _____ See Section _____

Acceptance: Application for permit is approved with condition specified, comply with Section _____
 without condition.

Signed LPI: **Kenneth Black** Date: **7/5/75** HHE-200 7/74

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DUPLICATE — To be retained by the Plumbing Inspector
 MAINE DEPARTMENT OF HEALTH AND WELFARE
 APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
 (For systems disposing of less than 2000 gallons per day)

Town <u>AUGUSTA</u>	Street, Road, etc. <u>WINDY ROAD</u> If on water body, give name <u>LAKE</u>	Owner of property <u>WINDY ROAD</u>
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Site Plan	Scale 1" = 100 Ft. or _____

Private Sewage Disposal Plan	Scale 1" = 20' or _____

Subsurface Absorption Area Cross-section	Scale: Vertical — 1" = 5' or _____ Horizontal — 1" = 20' or <u>1" = 10'</u>

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.

Signature Required

Date: _____
 Applicant: _____
 Owner: _____