

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: Augusta Street, Road, etc.: Young Road Permit No.: 00760M Date: 5/3/76

Owner of property: [Name] Owner's address: 11 Howe Street, Augusta, Maine Size of lot: 27000+ Sq. feet / Acres

Name & type of establishment: [Name] if other than private home Is lot Zoned? Yes/No Type of Zoning: Residential/Commercial/Resource Protection

Name of applicant: Paul N Fecteau Tel. No.: 622-0413

Applicant's address: 11 Howe St Maine 04330

Town: Augusta, ME Date: 4-27-76

Applicant's signature: [Signature] Date: 4-27-76

Owner's signature: [Signature] Date: 4-27-76

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 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.

Thickness and Description of each strata encountered	Soil Profile No. 1	Soil Profile No.	Soil Profile No.	Soil Profile No.	Soil Profile No.
	<input type="checkbox"/> Pit <input type="checkbox"/> Boring				
Organic strata +1	Organic strata				
Inches	Inches	Inches	Inches	Inches	Inches
1st strata RED BROWN	1st strata				
Inches SANDY LOAM	Inches	Inches	Inches	Inches	Inches
2nd strata YELLOW BROWN LOAM	2nd strata				
Inches	Inches	Inches	Inches	Inches	Inches
3rd strata GRAY BROWN	3rd strata				
Inches GLACIAL TILL	Inches	Inches	Inches	Inches	Inches
Total Depth of observation hole Inches 42	Total Depth of observation hole Inches				
Max. Ground water table—mottling 24 Inches <input type="radio"/> None Evident	Max. Ground water table—mottling Inches <input type="radio"/> None Evident	Max. Ground water table—mottling Inches <input type="radio"/> None Evident	Max. Ground water table—mottling Inches <input type="radio"/> None Evident	Max. Ground water table—mottling Inches <input type="radio"/> None Evident	Max. Ground water table—mottling Inches <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	Impervious layer, clay, etc. <input type="radio"/> None Evident
Bedrock 42 Inches <input type="radio"/> None Evident	Bedrock Inches <input type="radio"/> None Evident				
Type of Bedrock: POSSIBLE	Type of Bedrock				
Surface slope %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	Surface slope %
Soil Group & Condition per Table 9-1 of the Code, II 2-0	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II

WILLIAM W. RIDEOUT
CONSULTING GEOLOGIST
RFD #5
GARDNER, MAINE 04345
PHONE (207) 582-4161

On 5/12/76 (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.

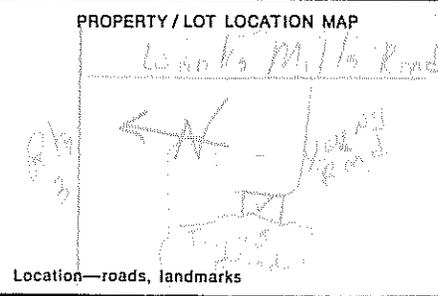
Signature and Registration/Certification Number: [Signature] 3/14/75

Date signed: 3/14/75

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 sketches 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		SITE MODIFICATION Fill is— <input type="radio"/> required, <input type="radio"/> not required Fill will be 24 inches deep
		<input type="radio"/> Trench System: Total trench length _____ <input type="radio"/> Bed System Length _____ Width 20 <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 _____	<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	DETAILS <input type="radio"/> A Distribution Box is required Pumping is— <input type="radio"/> required, <input type="radio"/> is not required. The Dose will be _____ 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.		



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: Richard P. Baker Date: 4/26/76 HHE-200 7/74

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

Town	Street, Road, etc. If on water body, give name	Owner of property
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Site Plan	Scale 1" = 100 Ft. or
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Private Sewage Disposal Plan	Scale 1" = 20' or
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Subsurface Absorption Area Cross-section	Scale: Vertical — 1" = 5' or Horizontal — 1" = 20' or
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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: 4-27-76
 Applicant: [Signature]
 Owner: [Signature]