

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)	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. MT. VERNON ROAD If on water body, give name	Permit No. 14321	Date 9-5-75	
Owner of property CARL CORNELL, R.F.D. #1, AUGUSTA, MAINE		Owner's address 13,000		Size of lot 13,000
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		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.		Tel. No. Maine 622-5329		Subdivision name Lot No.
Town AUGUSTA		Date		
Applicant's signature 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 Public Utility, name _____

depth _____, lining _____; Surface water Body, Course with disinfection, without disinfection.

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.	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	Soil Profile No.	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	Soil Profile No.	<input type="checkbox"/> Pit <input type="checkbox"/> Boring
Organic strata		Organic strata		Organic strata	Organic strata
Inches		Inches		Inches	Inches
1st strata		1st strata		1st strata	1st strata
RED BROWN LOAMY SAND					
Inches		Inches		Inches	Inches
2nd strata		2nd strata		2nd strata	2nd strata
YELLOW BROWN CLAY SAND					
Inches		Inches		Inches	Inches
3rd strata		3rd strata		3rd strata	3rd strata
GREY BROWN SAND					
Inches		Inches		Inches	Inches
Total Depth of observation hole	Inches	Total Depth of observation hole	Inches	Total Depth of observation hole	Inches
Max. Ground water table—mottling	<input type="radio"/> None Evident	Max. Ground water table—mottling	<input type="radio"/> None Evident	Max. Ground water table—mottling	<input type="radio"/> None Evident
Inches		Inches		Inches	
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
Inches		Inches		Inches	
Bedrock	<input type="radio"/> None Evident	Bedrock	<input type="radio"/> None Evident	Bedrock	<input type="radio"/> None Evident
Type of Bedrock		Type of Bedrock		Type of Bedrock	
Surface slope	%	Surface slope	%	Surface slope	%
Soil Group & Condition per Table 9-1 of the Code, II	6-C	Soil Group & Condition per Table 9-1 of the Code, II		Soil Group & Condition per Table 9-1 of the Code, II	

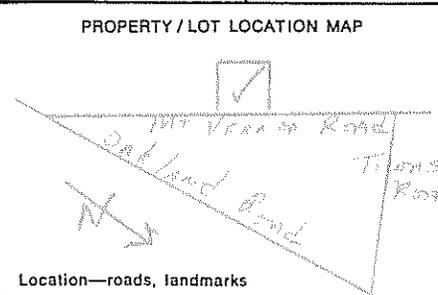
WILLIAM W. RIDEOUT
CONSULTING GEOLOGIST
 REG. # 5
 GARDNER, MAINE 04345
 PHONE (207) 512-4161

On _____ (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: _____
 Date signed: _____

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 checked="" 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 type="radio"/> Septic Tank <input checked="" 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 _____ inches deep
		Type <input type="radio"/> Trench System: Total trench length _____ <input checked="" type="radio"/> Bed System Length _____ Width _____ <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 checked="" 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



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 _____ Date _____

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MAINE DEPARTMENT OF HEALTH AND WELFARE
APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
 (For systems disposing of less than 2000 gallons per day)

Town <u>SUGUSTA</u>	Street, Road, etc. <u>MT. VERNON ROAD</u> If on water body, give name	Owner of property <u>14821 CORMIER 9-5-75</u>
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Site Plan	Scale 1" = 100 Ft. or <u>1" = 100'</u>

Private Sewage Disposal Plan	Scale 1" = 20' or <u>1" = 20'</u>

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

Applicant: _____

Owner: _____