

*Dostie, Pamphile*

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 <i>Augusta</i>	Street, Road, etc. <i>Old Bolgrade Rd.</i>		Permit No. <i>6870M</i>	Date <i>8-30-76</i>	
Owner of property <i>Pamphile Dostie</i>		Owner's address		Size of lot <i>30,000 ±</i>	<input type="checkbox"/> Sq. feet <input type="checkbox"/> Acres
Name & type of establishment if other than private home		Is lot Zoned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Zoning <i>R-1</i>	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Resource Protection	
Name of applicant Owner's agent <i>Pamphile Dostie</i>		If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following: <input type="checkbox"/> Deed restriction re. private sewage disposal <input type="checkbox"/> Copy of the subdivision's soils report <input type="checkbox"/> Soils report from a State Agency			
Applicant's address Street, Box, etc. <i>Mr. Vernon Ave</i>		Tel. No.			
Town <i>Augusta</i>	Maine		Subdivision name <i>N/A</i>	Lot No. <i>N/A</i>	
Applicant's signature <i>Pamphile Dostie</i>		Date			
Owner's signature <i>Pamphile Dostie</i>		Date			
This application is for: <input type="checkbox"/> New System <input type="checkbox"/> Expanded System <input type="checkbox"/> Replacement System <input type="checkbox"/> Replacement of <input type="checkbox"/> Treatment Tank Only <input type="checkbox"/> Disposal Area Only					
The water supply for this property is: <input type="checkbox"/> Dug well, depth _____, lining _____; <input checked="" type="checkbox"/> Drilled well, depth <i>200'</i> , lining _____; <input type="checkbox"/> Spring <input type="checkbox"/> Surface water <input type="checkbox"/> Body, <input type="checkbox"/> Course— <input type="checkbox"/> with disinfection, <input type="checkbox"/> without disinfection. <input type="checkbox"/> 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 soil strata encountered	Soil Profile No.		Soil Profile No.		Soil Profile No.		Soil Profile No.		Soil Profile No.	
	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring
Organic strata			Organic strata		Organic strata		Organic strata		Organic strata	
Inches			Inches		Inches		Inches		Inches	
1st strata	<i>Dark Brown Spongy Loam</i>		1st strata		1st strata		1st strata		1st strata	
Inches	<i>2</i>		Inches		Inches		Inches		Inches	
2nd strata	<i>Reddish Brown Spongy Loam</i>		2nd strata		2nd strata		2nd strata		2nd strata	
Inches	<i>2</i>		Inches		Inches		Inches		Inches	
3rd strata	<i>Light Brown Spongy Loam</i>		3rd strata		3rd strata		3rd strata		3rd strata	
Inches	<i>8</i>		Inches		Inches		Inches		Inches	
Total Depth of observation hole	Inches <i>59</i>		Total Depth of observation hole	Inches						
Max. Ground water table—mottling	<input type="checkbox"/> None Evident <i>20</i> Inches		Max. Ground water table—mottling	<input type="checkbox"/> None Evident	Max. Ground water table—mottling	<input type="checkbox"/> None Evident	Max. Ground water table—mottling	<input type="checkbox"/> None Evident	Max. Ground water table—mottling	<input type="checkbox"/> None Evident
Impervious layer, clay, etc.	<input type="checkbox"/> None Evident <i>20</i> Inches		Impervious layer, clay, etc.	<input type="checkbox"/> None Evident	Impervious layer, clay, etc.	<input type="checkbox"/> None Evident	Impervious layer, clay, etc.	<input type="checkbox"/> None Evident	Impervious layer, clay, etc.	<input type="checkbox"/> None Evident
Bedrock	<input type="checkbox"/> None Evident		Bedrock	<input type="checkbox"/> None Evident						
Type of Bedrock			Type of Bedrock		Type of Bedrock		Type of Bedrock		Type of Bedrock	
Surface slope	<i>1</i> %		Surface slope	%						
Soil Group & Condition per Table 9-1 of the Code, II	<i>7-C</i>		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	

On *9-20-76* (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  
*Richard G. Baber*  
Date signed *9-20-76*

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

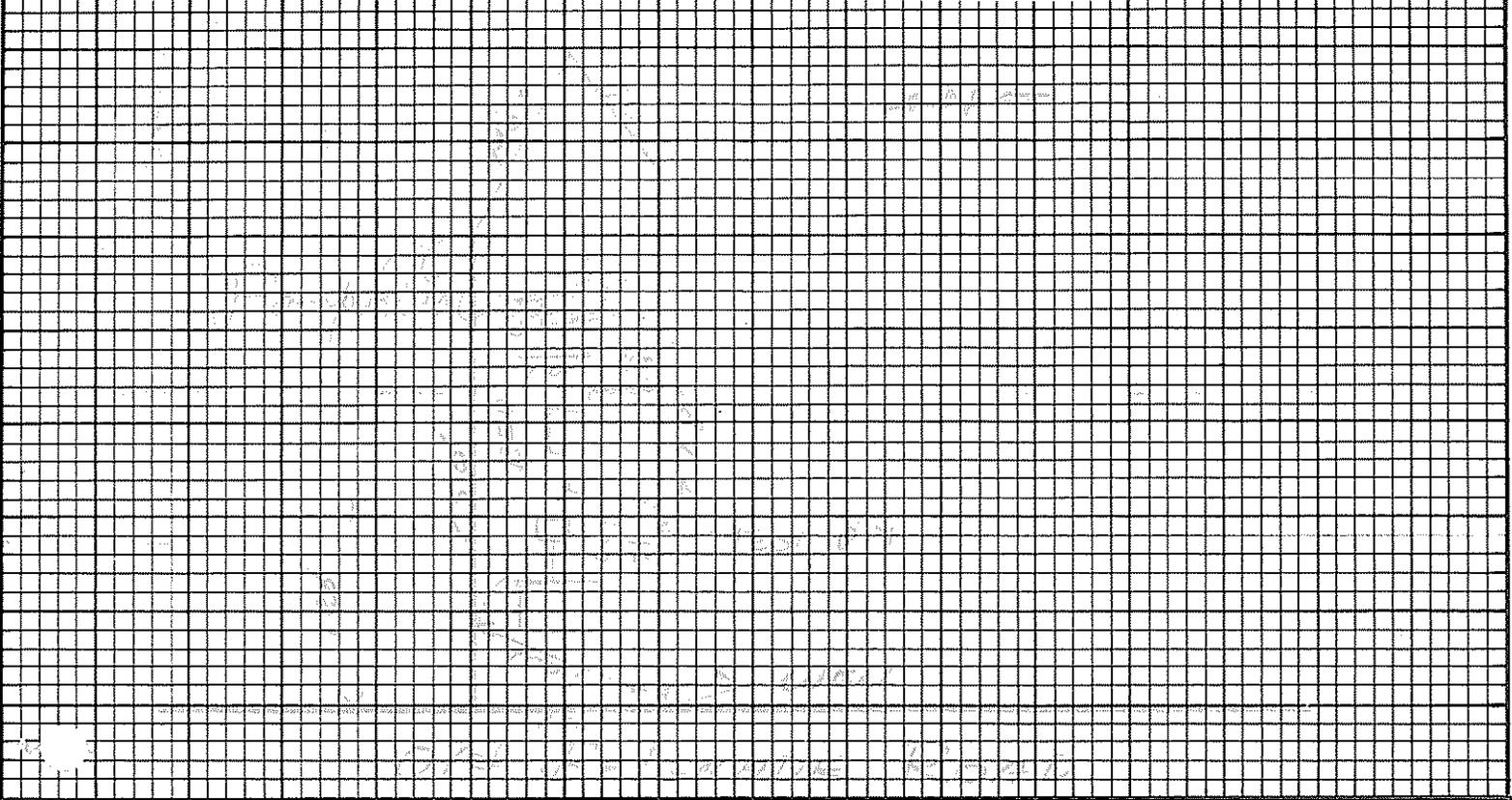
**PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED** Show location of system and details on sketches on page 2, and refer to completed sample form.

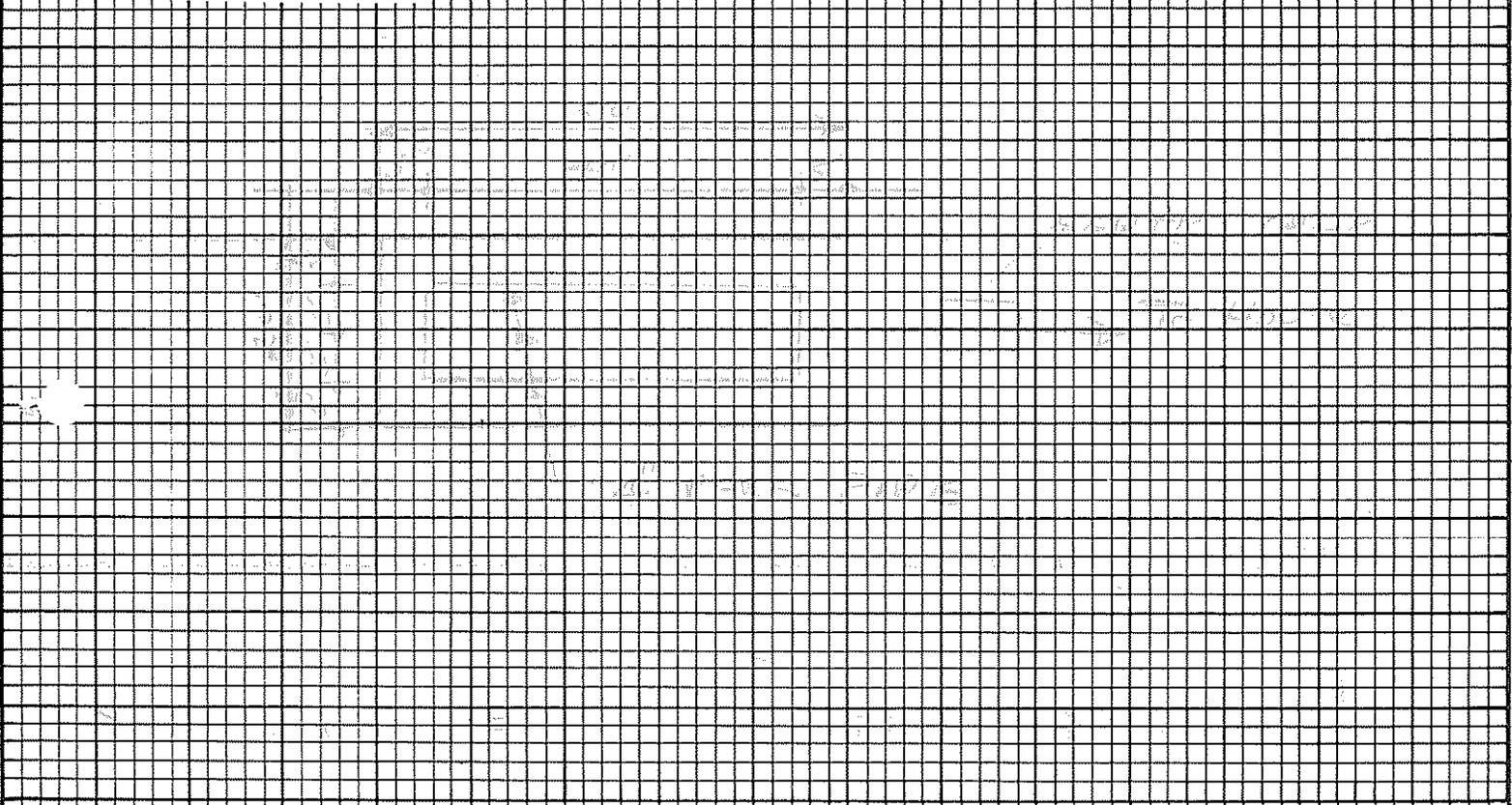
<b>SYSTEM:</b> <input type="checkbox"/> COMBINED SYSTEM <input checked="" type="checkbox"/> SEPARATED SYSTEM If separated system—type of human waste disposal system to be used: <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Open Pit Privy <input type="checkbox"/> Compost Toilet <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other, describe See Chapter 9 of the Code, II.	<b>TREATMENT TANK:</b> <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Manufacturer— <i>UNKNOWN</i> Size in gallons <i>1000</i> <input type="checkbox"/> Aerobic Tank Manufacturer— <i>N/A</i> Model No. <i>N/A</i> Size in gallons	<b>SUBSURFACE ABSORPTION AREA</b>		<b>SITE MODIFICATION</b> Fill is— <input checked="" type="checkbox"/> required, <input type="checkbox"/> not required Fill will be <i>27</i> inches deep
		Type <input type="checkbox"/> Trench System: Total trench length <i>N/A</i> <input type="checkbox"/> Bed System Length <i>50</i> Width <i>20</i> <input type="checkbox"/> Chamber System Number <input type="checkbox"/> Type A <input type="checkbox"/> Single File <input type="checkbox"/> Type F <input type="checkbox"/> Cluster <input type="checkbox"/> Mound System Length Width <i>N/A</i> at base <input type="checkbox"/> Special System Length Width <i>N/A</i> <input type="checkbox"/> Non-discharge System Bed-Length Width Holding Tank Size Gal. Manufacturer <input type="checkbox"/> Alarm device provided, type	SIZE <input type="checkbox"/> Very Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large	<b>DETAILS</b> <input type="checkbox"/> A Distribution Box is required Pumping is— <input type="checkbox"/> required, <input checked="" type="checkbox"/> is not required. The Dose will be _____ gallons <b>DISTANCES</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

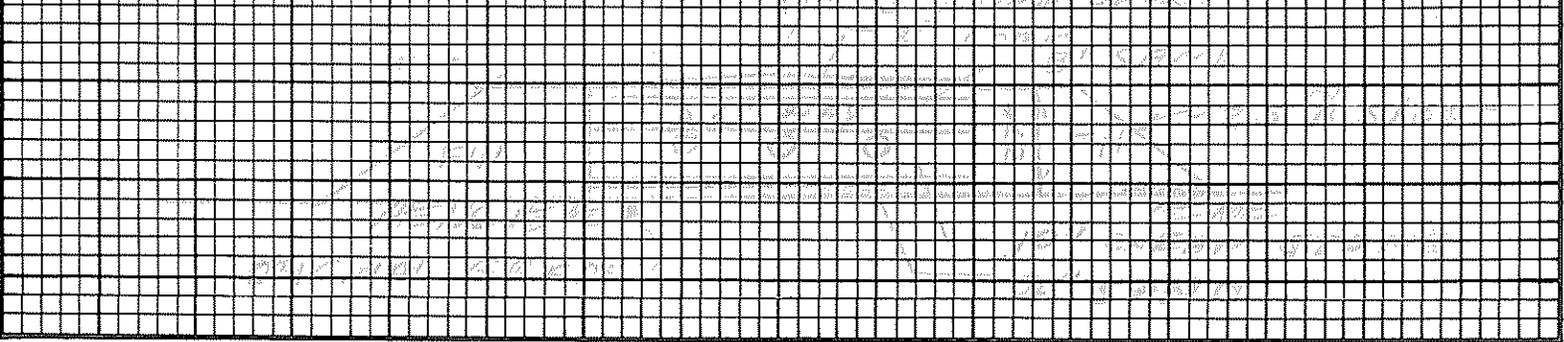
<b>PROPERTY / LOT LOCATION MAP</b> <p>Location—roads, landmarks</p>	<b>FOR THE USE OF LPI ONLY</b> <input type="checkbox"/> Denial: Application is denied for following reasons; portions of the Code II are cited. Form is incomplete (____ pg.) as to <input type="checkbox"/> General info, <input type="checkbox"/> Site Investigation, <input type="checkbox"/> System Proposed. <input type="checkbox"/> Site Plan, <input type="checkbox"/> Disposal System Plan, <input type="checkbox"/> Cross-Section, <input type="checkbox"/> Statement. See Section 2.3. <input type="checkbox"/> Site Investigation indicates site is <input type="checkbox"/> totally unsuitable for disposal system; Sections 4.5 and 9.5, Table 9-1 Group 9 and 10. <input type="checkbox"/> Unsuitable for system proposed; Sections 4.3, 4.6, 9.5, Table 9-1. <input type="checkbox"/> System Proposed does not conform to Code; See Sections 9. <input type="checkbox"/> Site Investigation indicates site modifications are necessary; See Sections <input type="checkbox"/> 4.3, <input type="checkbox"/> 4.4, <input type="checkbox"/> 4.6, <input type="checkbox"/> 8.7. <input type="checkbox"/> Miscellaneous _____ See Section _____ <input checked="" type="checkbox"/> Acceptance: Application for permit is approved <input type="checkbox"/> with condition specified, comply with Section _____ <input type="checkbox"/> without condition. Signed LPI <i>Richard G. Baber</i> Date <i>8-30-76</i> 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 <i>Augusta</i>	Street, Road, etc. If on water body, give name <i>Old Belgrade Rd</i>	Owner of property <i>THAMANO 8-30-76</i>
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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
	

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: *8-30-76*  
 Applicant: *Pamphile [Signature]*  
 Owner: *Pamphile [Signature]*