Cote, Lauren

Division of Health Engineering
Station No. 10
State House
Augusta, Maine 04333

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

HHE-200

This Is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

This Application Is For: X New System ◯ Replacement Of Entire System ◯ Expanded System ◯ Replacement Of Disposal Area Only ◯ Conversion Permit

Variance: X None Required ◯ Replacement System Variance With ◯ LPI Approval ◯ Dept. Review ◯ New System Variance

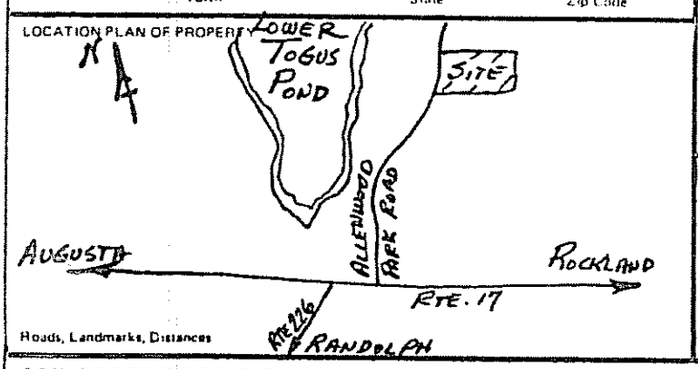
PROPERTY LOCATION: AUGUSTA (Town, Plantation) | ALLENWOOD PARK ROAD (Street, Road) | ALLENWOOD PARK (Subdivision Name) | 6B (Lot No.)

PROPERTY OWNER or APPLICANT: LAUREN COTE

Mailing Address: 60 COURT STREET (Street) | 623-8726 (Tel. No.)

AUGUSTA (Town) MAINE (State) 04330 (Zip Code)

LOCATION PLAN OF PROPERTY



Roads, Landmarks, Distances

TYPE OF STRUCTURE, DESIGN FLOW

X Single Family Dwelling — Number of Bedrooms 2 — Design Flow 240 GPD

Design Flow based on ◯ Minimum X Moderate ◯ Conservative

◯ Reduction in Design Flow due to Water Conservation

If so, specify type (s): N/A

◯ Other Establishment. Specify _____ Type of Facility N/A

(Number of Employees, Seating Capacity, Rooms, Size, etc.)

Design Flow _____ GPD

(If greater than 2000 GPD, specify Professional Engineer)

PROPERTY INFORMATION

Area of Property 3± Sq. Ft. X Acres ◯ Zoned ◯ Not Zoned

If zoned, type of zoning RURAL

Property on Water Body. If so, Name of Water Body N/A

Water Supply is ◯ Public Utility, X Drilled Well NOT YET DRILLED ◯ Dug Well _____ depth ◯ Well Point ◯ Spring ◯ Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

TEXTURAL DESCRIPTION OF EACH SOIL STRATA ENCOUNTERED

	Observation Hole No. TP 1 (X Test Pit ◯ Boring)	Observation Hole No. _____ (◯ Test Pit ◯ Boring)	Observation Hole No. _____ (◯ Test Pit ◯ Boring)
Organic Strata or (Existing Fill)	Thickness 0 "	Thickness _____ "	Thickness _____ "
1st Original Mineral Soil Strata	DARK BROWN FINE SANDY LOAM Depth from 0 " to 2 " Thickness 2 "	Depth from 0 " to _____ " Thickness _____ "	Depth from 0 " to _____ " Thickness _____ "
2nd	OLIVE BROWN VERY FINE SANDY LOAM Depth from 2 " to 48 " Thickness 46 "	Depth from _____ " to _____ " Thickness _____ "	Depth from _____ " to _____ " Thickness _____ "
3rd	N/A Depth from _____ " to _____ " Thickness _____ "	Depth from _____ " to _____ " Thickness _____ "	Depth from _____ " to _____ " Thickness _____ "
4th	N/A Depth from _____ " to _____ " Thickness _____ "	Depth from _____ " to _____ " Thickness _____ "	Depth from _____ " to _____ " Thickness _____ "
Total Depth of Observation Hole	48 "	Total Depth of Observation Hole _____ "	Total Depth of Observation Hole _____ "
Depth from top of ORIGINAL MINERAL SOIL: Maximum Seasonal High Ground Water Table Depth	X None evident	◯ None Evident	◯ None evident
Depth to Restrictive Layer	X None evident	◯ None evident	◯ None evident
Depth to Bedrock	X None evident	◯ None evident	◯ None evident

PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE
2	B	2 %			%			%

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2

TYPE OF SYSTEM

X Combined System
◯ Separated System
If separated system, type of black waste disposal system to be used:
◯ Compost
◯ Pit Privy
◯ Sealed Vault Privy
◯ Other:
Specify: _____
◯ Separated Laundry System
◯ Primitive System
◯ Holding Tank

TREATMENT TANK

X Septic Tank
◯ Aerobic Tank
Size 1000 Gals.

DOSAGE

X Pumping is not required
◯ Pumping is required
The dose should be _____ Gals.
Dosage chamber capacity shall be _____ gals.
◯ System should be vented

SUBSURFACE DISPOSAL AREA/TYPE

◯ Trench Disposal Area N/A
Total linear feet of trench _____ ft.
Number of Trench lines _____ ft.
Length of each trench line _____ ft
Depth of Stone _____ inches
Reduction on trench length due to stone depth _____ %

X Bed Disposal Area
Total bed area 800 sq. ft.
Number of beds 1
Width 20 ft. Length 40 ft.

◯ Chamber Disposal Area N/A
Total chamber area _____ sq. ft
Number of clusters _____
Width _____ ft. Length _____ ft
◯ H-20 required

SYSTEM SIZE RATING

◯ Small ◯ Medium X Medium-Large ◯ Large ◯ Extra Large

DISPOSAL AREA ELEVATION

Depth of Upslope Fill required 0" inches
Depth of Downslope Fill required 6" inches
Reference Elevation Point established at 100'-0" Elevation
Disposal Area Bottom to be established at 96'-0" Elevation
Top of Distribution Lines or Top of Chambers 96'-11" Elevation

X Yes ◯ No: The proposed subsurface disposal 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.

X Yes ◯ No: The proposed subsurface disposal 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 USE BY SITE EVALUATOR

On 10/2/82 (date), a site investigation for this project was completed. I conducted this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.

Signature of Site Evaluator: [signature] — Date Signed _____ — Site Evaluator License Number 00024

FOR USE BY OWNER/APPLICANT

I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.

Signature of Owner/Applicant: Lauren J. Cote — Date Signed 5-27-83

FOR USE BY LPI: ◯ This Application is approved. If conditions, specify
◯ This Application is Denied due to: ◯ System is not in accordance with Rules. ◯ Application is incomplete. ◯ Application is unclear. ◯ Development is in violation of other Regulations. Specify _____

Signature of LPI: Jackie R. Bickford — Date 5/27/83 — PERMIT NO. 0024 — Date Issued 5-27-83

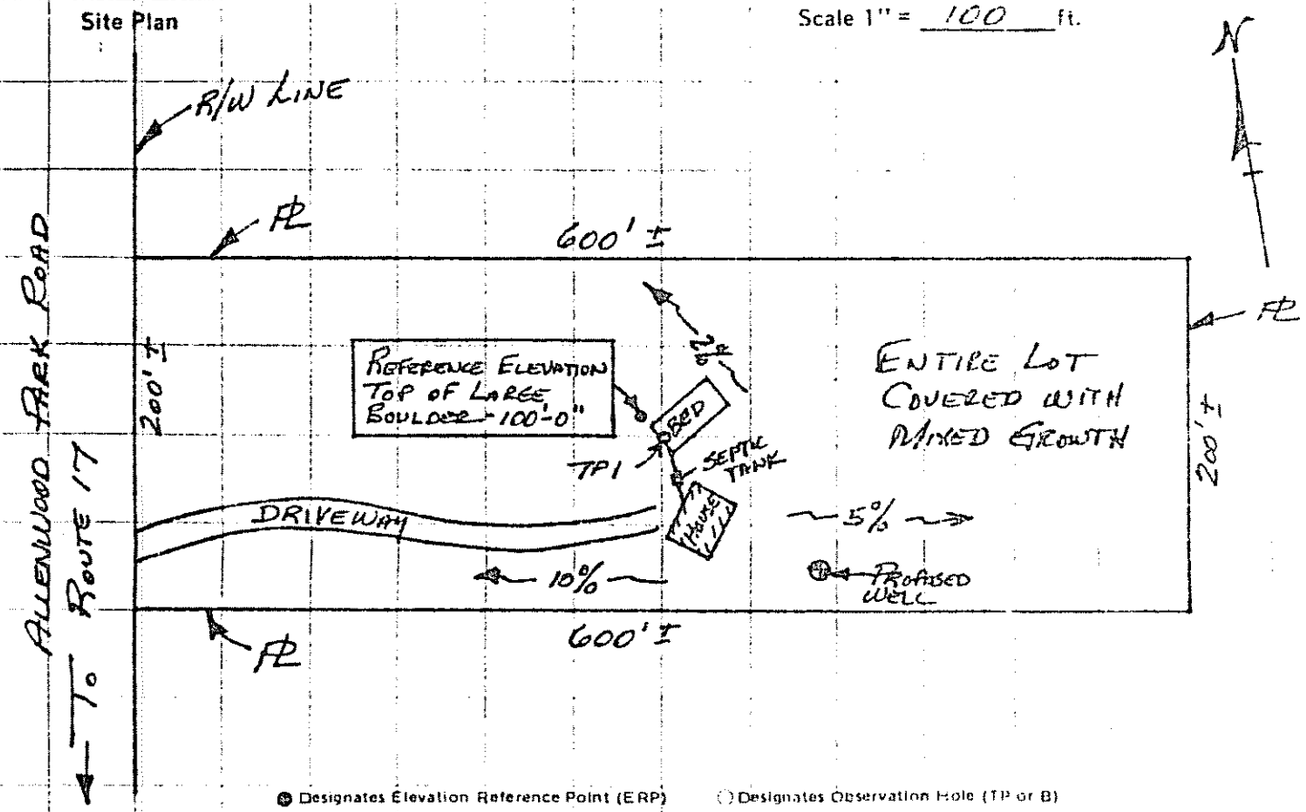
APPLICATION FOR SURSURFACE WASTEWATER DISPOSAL PERMIT

PROPERTY LOCATION: AUGUSTA (Town, Plantation) | ALLENWOOD PARK ROAD (Street, Road) | ALLENWOOD PARK (Subdivision Name) | Lot No. 6B

PROPERTY OWNER or APPLICANT: LAUREN COTE

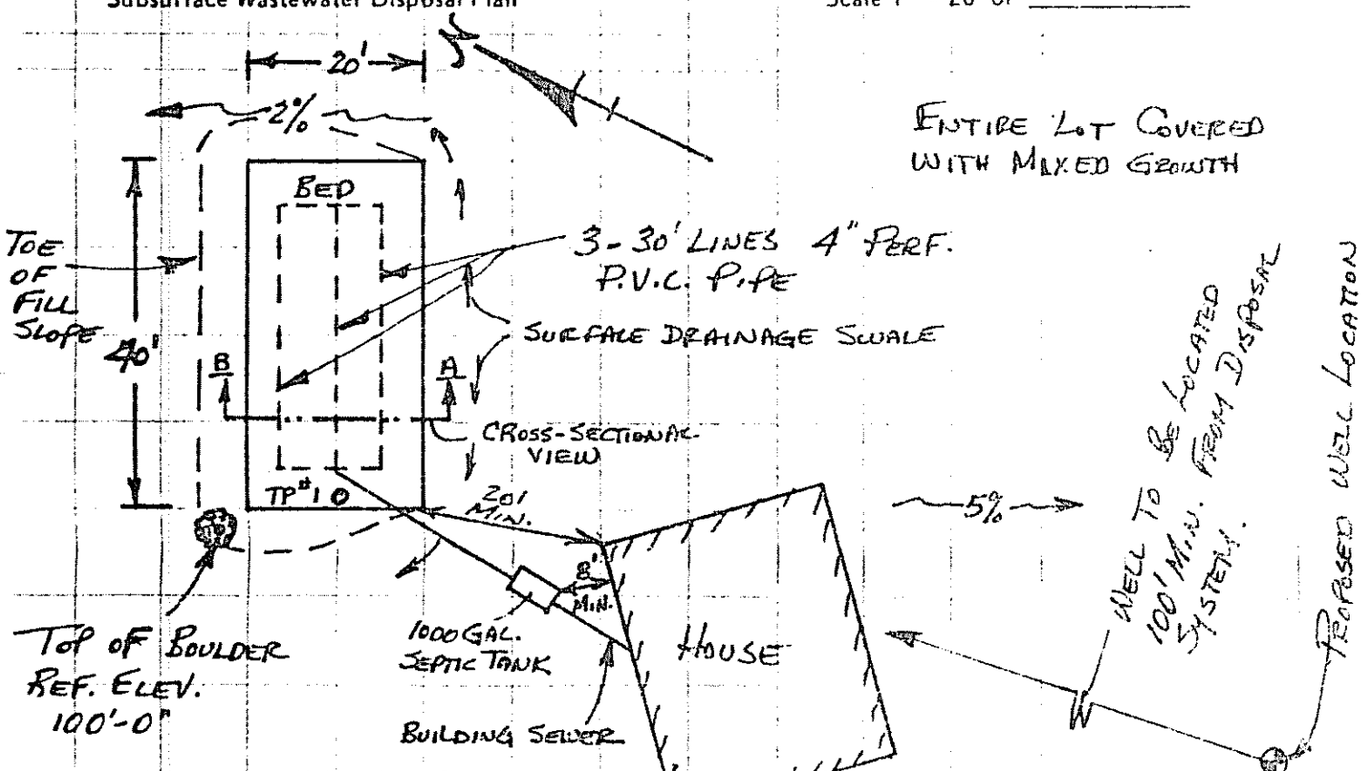
DISPOSAL AREA ELEVATION
Depth of Upslope Fill required 0 inches
Depth of Downslope Fill required 6 inches
Reference Elevation Point established at 100'-0" Elevation
Disposal Area Bottom to be established 96'-0" Elevation
Top of Distribution Lines or Top of Chambers 96'-11" Elevation

Site Plan — Scale 1" = 100 ft.

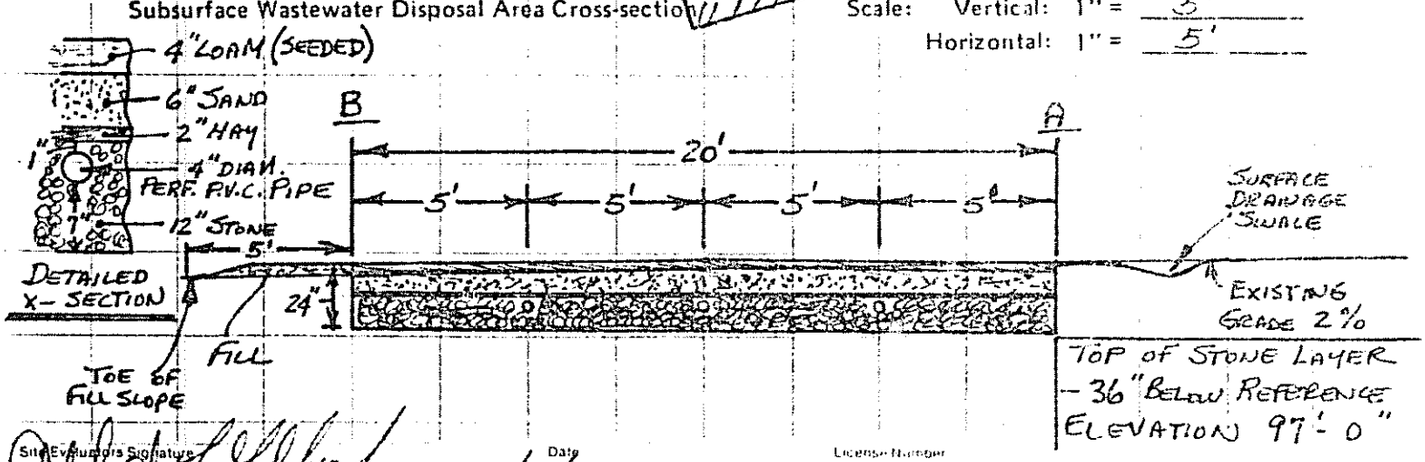


● Designates Elevation Reference Point (ERP) ○ Designates Observation Hole (TP or B)

Subsurface Wastewater Disposal Plan — Scale 1" = 20' or _____



Subsurface Wastewater Disposal Area Cross-section — Scale: Vertical: 1" = 5'; Horizontal: 1" = 5'



Site Evaluators Signature: Albert L Godfrey Jr. Date: 11/13/82 License Number: 00024