

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. WARD ROAD If on water body, give name		Permit No. 16 210	Date 11-10-74	
Owner of property VARNEY'S AUTO			Owner's address RFD 1 WINDSOR, MAINE		
Name & type of establishment if other than private home			Is lot Zoned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Zoning <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> 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="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.		Tel. No. 622-3335			
Town Maine		Subdivision name		Lot No.	
Applicant's signature <i>Orville Varney</i>		Date		Owner's signature <i>Orville Varney</i>	
This application is for: <input checked="" 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 checked="" type="checkbox"/> Dug well, depth _____, lining _____; <input type="checkbox"/> Drilled well, depth _____, lining _____; <input type="checkbox"/> Spring <input type="checkbox"/> depth _____, lining _____; 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.					
Soil Profile No.	1		2		3		4		5		
	<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	<input type="checkbox"/> Pit	<input checked="" type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input checked="" type="checkbox"/> Boring	
Thickness and Description of strata encountered	Organic strata Inches +1"		Organic strata Inches +1"		Organic strata Inches +1"		Organic strata Inches +1"		Organic strata Inches +1"		
	1st strata BROWN SANDY Inches 39 LOAM		1st strata BROWN SANDY Inches 48 LOAM		1st strata BROWN SANDY Inches 40 LOAM		1st strata BROWN SANDY Inches 42 LOAM		1st strata BROWN SANDY Inches 40 LOAM		
	2nd strata Inches		2nd strata Inches		2nd strata Inches		2nd strata Inches		2nd strata Inches		
3rd strata Inches		3rd strata Inches		3rd strata Inches		3rd strata Inches		3rd strata Inches			
Depth from surface of ground to:	Total Depth of observation hole Inches 39		Total Depth of observation hole Inches 48		Total Depth of observation hole Inches 40		Total Depth of observation hole Inches 42		Total Depth of observation hole Inches 40		
	Max. Ground water table—mottling Inches <input checked="" type="checkbox"/> None Evident		Max. Ground water table—mottling Inches <input checked="" type="checkbox"/> None Evident		Max. Ground water table—mottling Inches <input checked="" type="checkbox"/> None Evident		Max. Ground water table—mottling Inches <input checked="" type="checkbox"/> None Evident		Max. Ground water table—mottling Inches <input checked="" type="checkbox"/> None Evident		
	Impervious layer, clay, etc. Inches <input checked="" type="checkbox"/> None Evident		Impervious layer, clay, etc. Inches <input checked="" type="checkbox"/> None Evident		Impervious layer, clay, etc. Inches <input checked="" type="checkbox"/> None Evident		Impervious layer, clay, etc. Inches <input checked="" type="checkbox"/> None Evident		Impervious layer, clay, etc. Inches <input checked="" type="checkbox"/> None Evident		
Bedrock 39 inches <input type="checkbox"/> None Evident Type of Bedrock POSSIBLE		Bedrock 48 inches <input type="checkbox"/> None Evident Type of Bedrock POSSIBLE		Bedrock 40 inches <input type="checkbox"/> None Evident Type of Bedrock POSSIBLE		Bedrock 42 inches <input type="checkbox"/> None Evident Type of Bedrock POSSIBLE		Bedrock 40 inches <input type="checkbox"/> None Evident Type of Bedrock POSSIBLE			
Surface slope 4 %		Surface slope 4 %		Surface slope 4 %		Surface slope 4 %		Surface slope 4 %			
Soil Group & Condition per Table 9-1 of the Code, II 2-A		Soil Group & Condition per Table 9-1 of the Code, II 2-B		Soil Group & Condition per Table 9-1 of the Code, II 2-A		Soil Group & Condition per Table 9-1 of the Code, II 2-B		Soil Group & Condition per Table 9-1 of the Code, II 2-A			

On **11/26/74** (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 *Wm W. K...*
and Registration/Certification Number
Date signed **11/26/74**

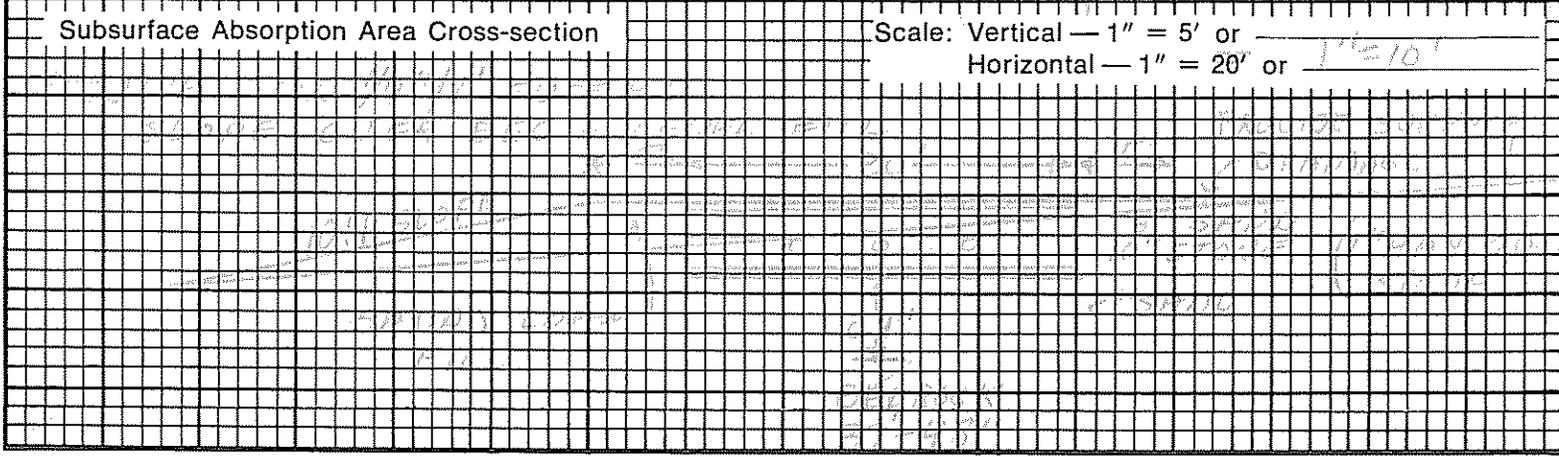
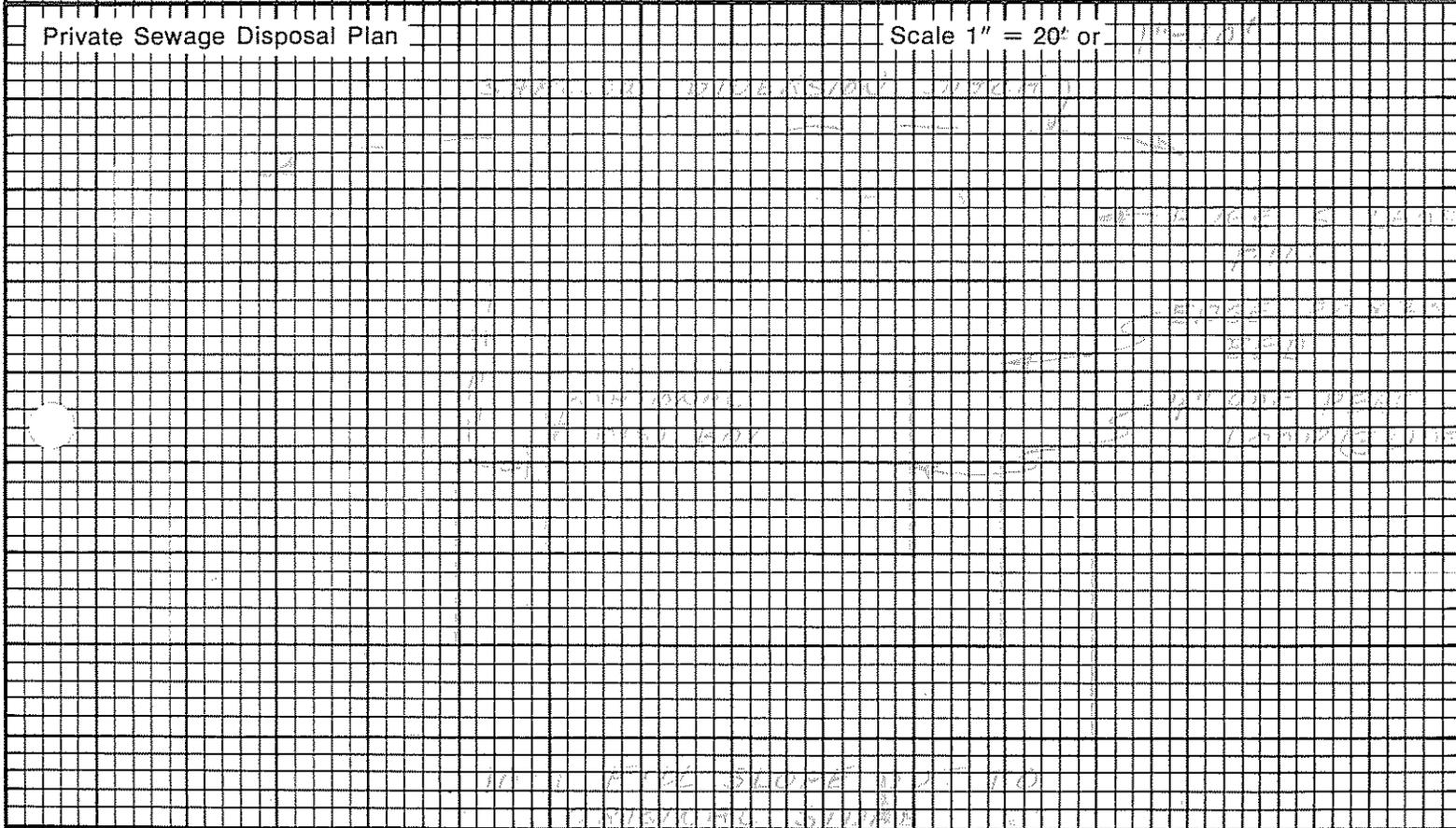
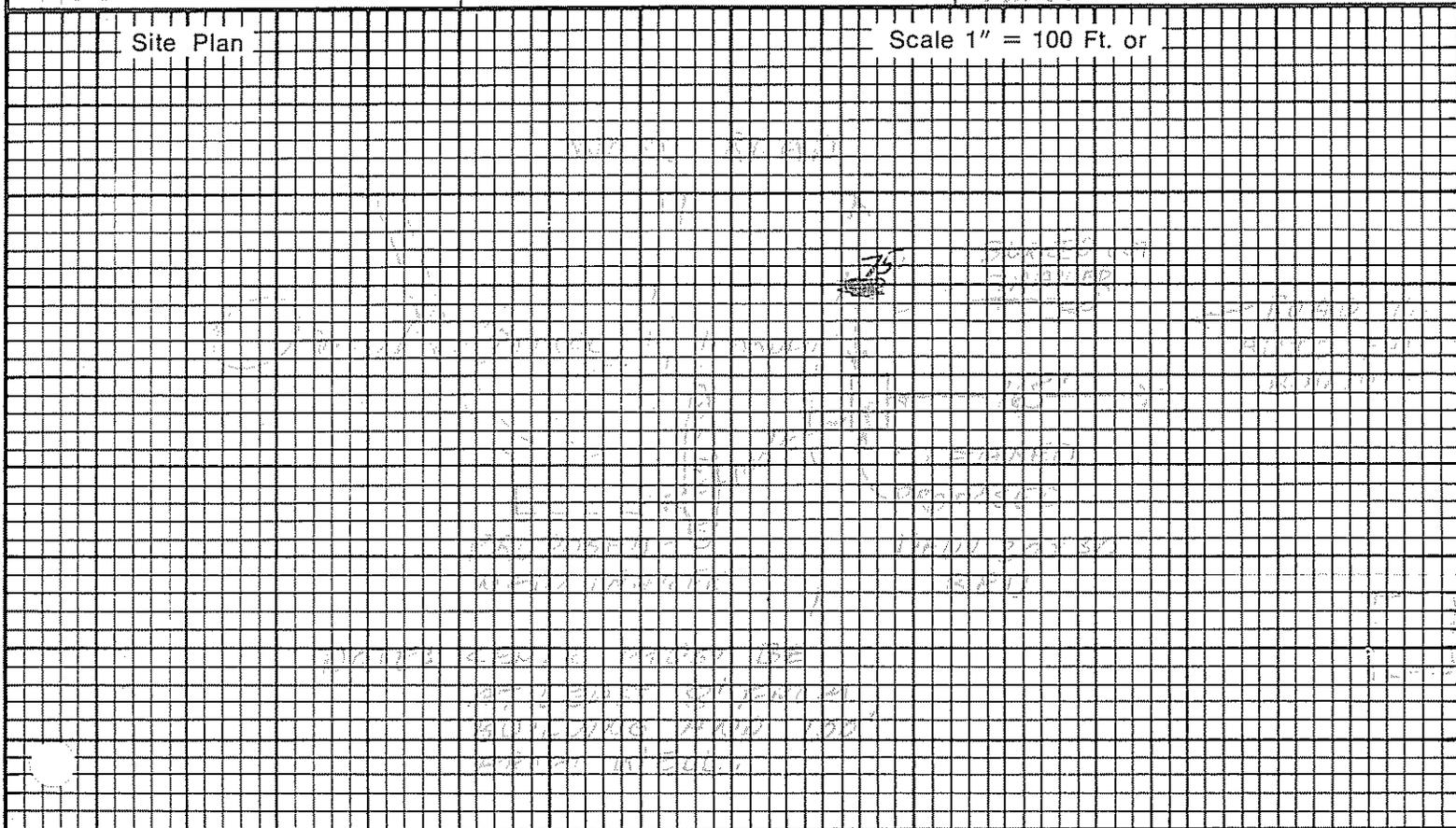
Soil Scientist
 Geologist
 Soil Engineer
 Other, must show current letter of certification to LPI

PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED				Show location of system and details on sketches on page 2, and refer to completed sample form			
SYSTEM: <input checked="" type="checkbox"/> COMBINED SYSTEM <input 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.	TREATMENT TANK: <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Manufacturer— Size in gallons 1000 <input type="checkbox"/> Aerobic Tank Manufacturer— Model No. Size in gallons	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION:			
		Type <input type="checkbox"/> Trench System: Total trench length _____ <input checked="" type="checkbox"/> Bed System Length _____ Width 20		SIZE <input type="checkbox"/> Very Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large		Fill is <input type="checkbox"/> required, <input type="checkbox"/> not required Fill will be 9" inches deep	
		<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		DETAILS (OPTIONAL) <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			
		<input type="checkbox"/> Mound System Length _____ Width _____ at base		DISTANCES <input 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 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.			
<input type="checkbox"/> Special System Length _____ Width _____		<input type="checkbox"/> Non-discharge System Bed-Length _____ Width _____ Holding Tank Size _____ Gal. Manufacturer _____ <input type="checkbox"/> Alarm device provided, type _____					

PROPERTY / LOT LOCATION MAP 	FOR THE USE OF LPI ONLY <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 type="checkbox"/> Acceptance: Application for permit is approved <input type="checkbox"/> with condition specified, comply with Section _____ <input type="checkbox"/> without condition. Signed LPI _____ Date 11/26/74
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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. <i>WARD RD</i> If on water body, give name	Owner of property <i>DAWNEY'S AUTO-PARTS</i>
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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: _____
 Applicant: _____
 Owner: *David Dawney*