Kelleher, Michael

Original to be sent to Division of Health Engineering, Augusta, Maine 04333 by the LPI

Application Is For: (X) New System ( ) Expanded System ( ) Conversion Permit ( ) Experimental System ( ) Replacement Of Entire System ( ) Disposal Area Only

An Application For Subsurface Wastewater Disposal Permit

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

Town	Street, Road, Etc. / If On Water Body, Give Name	Plumbing Permit No.	Date Of Plumbing Permit
Augusta	Weeks Mills Rd	23956 EP	8-1-79

Owner Of Property	Tel. No.	Name Of Applicant / Owner's Agent	Tel. No.
Michael Kelleher	622-7640		

Street	Street
RFD 6	

Town	State	Zip Code	Town	State	Zip Code
Augusta	Maine				

Owner Signature	Date	Applicants Signature	Date
M. Kelleher	8-1-79		

Size Of Lot	Is Lot Zoned?	Type Of Zoning	Subdivision Name	Lot No.
1½ ± ( ) Sq. Feet (X) Acres	( ) Yes (X) No			

The Water Supply For This Property Is: ( ) Dug Well, depth ____; ( ) Drilled Well, depth ____; ( ) Spring, depth ____;
Surface water ( ) Body ( ) Course—( ) with disinfection, ( ) without disinfection. Public Utility, name ____

SITE INVESTIGATION

Show Location Of Pits on Site Plan on Page 2

	Soil Profile No. 1 (☐ Pit ☒ Boring)	Soil Profile No. (☐ Pit ☐ Boring)	Soil Profile No. (☐ Pit ☐ Boring)	Soil Profile No. (☐ Pit ☐ Boring)
Organic Strata	+2"			
Description of Strata encountered — 1st Strata Inches	22 Red Brown Fine Sandy Loam			
2nd Strata Inches	9 Mottled Glacial Till			
3rd Strata Inches				
4th Strata Inches				
Total Depth of Observation Hole Inches	31			
Depth from bottom of organic horizon to: Max. Seasonal Water Table Mottling	22 Inches ( ) None Evident	Inches ( ) None Evident	Inches ( ) None Evident	Inches ( ) None Evident
Impervious Layer Clay, Etc.	28 Inches ( ) None Evident	Inches ( ) None Evident	Inches ( ) None Evident	Inches ( ) None Evident
Bedrock	31 Inches ( ) None Evident	Inches ( ) None Evident	Inches ( ) None Evident	Inches ( ) None Evident
Type of Bedrock	Possible			
Surface Slope	5 %	%	%	%
Soil Group / Soil Condition	3 / C			
Per Table 9-1 Code II				

On 9/12/78 (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 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 [signature] Date Signed 9/12/78 Site Evaluator License Number 51

DISPOSAL SYSTEM PROPOSED

Show Location of System and Details on Disposal Plan on Page 2

SYSTEM:
(X) Combined System
( ) Separated System
If separated system—type of human waste disposal system to be used:
( ) Sealed Vault Privy
( ) Open Pit Privy
( ) Compost Toilet
( ) Chemical Toilet
( ) Incinerator Toilet

TREATMENT TANK
( ) Aerobic Tank
(X) Septic Tank
(X) Concrete
( ) Fiberglass
( ) Metal
Size in Gallons 1000 Gal.
Number of Bedrooms 3 or less

SUBSURFACE ABSORPTION AREA/TYPE
(X) Bed System No. of Beds 1
Length 44 ft Width 20 ft
( ) Chamber System Number ____
( ) Type A ( ) Single File
( ) Type B ( ) Cluster
( ) Special System Length ____ ft Width ____ ft
( ) Laundry System Type A ____ No. of Chambers: Type B ____
Name and type of establishment if other than private home

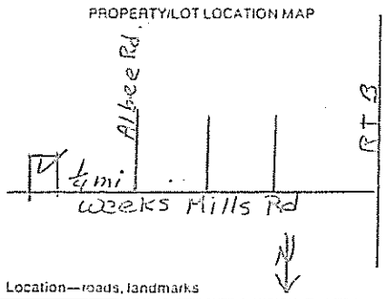
SIZE
( ) Small
( ) Medium
(X) Med.-Large
( ) Large
( ) Extra-Large
Design Flow 224 GPD

SITE MODIFICATION
Fill will be: 20 in. uphill 31.5 in. downhill

DETAILS
( ) A Distribution Box is required
Pumping is—( ) required (X) is not required
The dose will be ____ Gallons

DISTANCES
(X) Yes ( ) 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.
(X) Yes ( ) 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.

PROPERTY/LOT LOCATION MAP



Location—roads, landmarks

WAIVER ( ) State Variance Required ( ) Replacement Variance Required (X) None Required

FOR THE USE OF LPI ONLY
( ) Denial: Application is denied for the 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 4.1
( ) Site Investigation indicates site is ( ) unsuitable for disposal system. ( ) Unsuitable for system proposed.
( ) System Proposed does not conform to Code.
( ) Site Investigation indicates site modifications are necessary.
(X) Acceptance: Application for permit is approved ( ) with condition specified, comply with Section ____ (X) without condition.

Signed LPI Richard G. Baker Date 8-1-79 HHE-200 1/78

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

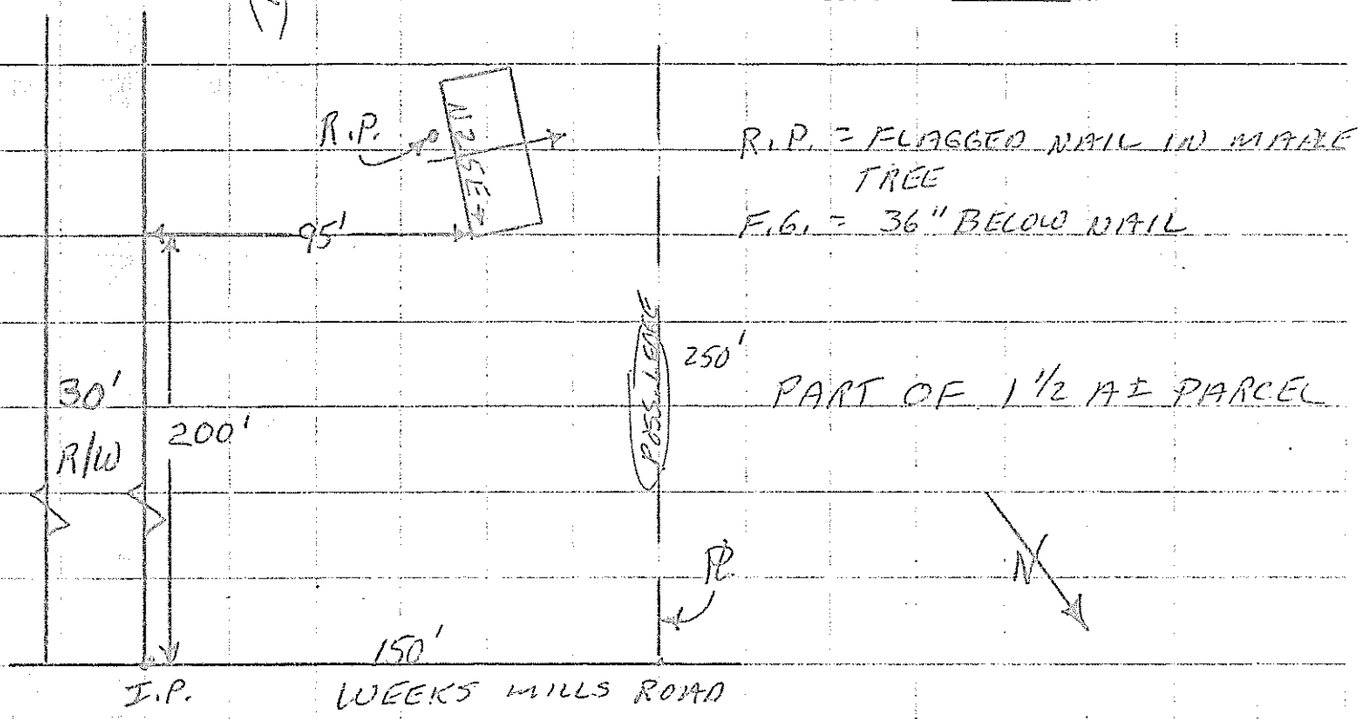
(For systems disposing of less than 2000 gallons per day)

Town | Street, Road, etc. | Owner of Property

If on water body, give name

Site Plan

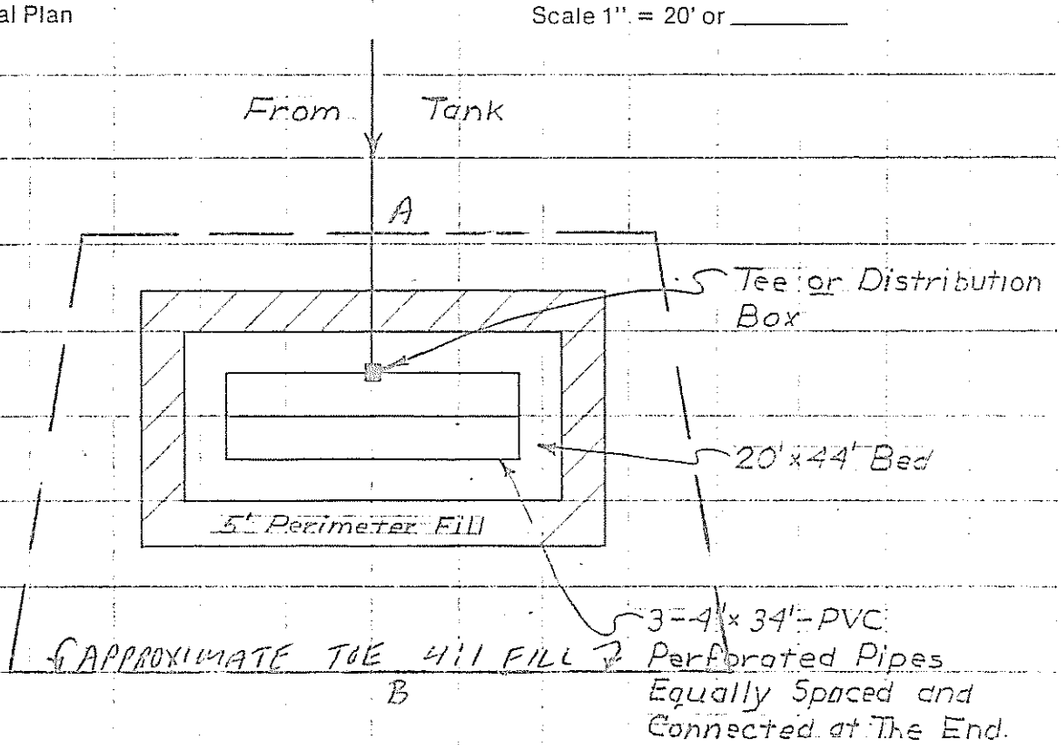
Scale 1" = 50 ft.



● Designates Elevation Reference Point ○ Designates Test Pit

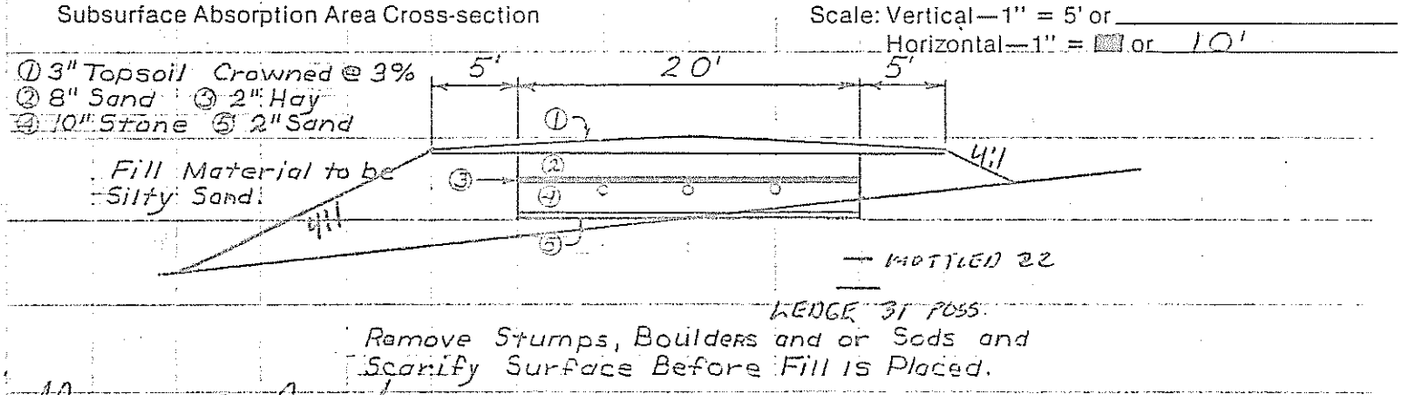
Private Sewage Disposal Plan

Scale 1" = 20' or _____



Subsurface Absorption Area Cross-section

Scale: Vertical—1" = 5' or _____
Horizontal—1" = ▒ or 10'



Remove Stumps, Boulders and or Sods and Scarify Surface Before Fill is Placed.

Site Evaluator's Signature: [signature] Date: 9/12/78 License Number: 51

HHE-200 1/78

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 8.1.79

Applicant: x [signature]

Owner: M. [signature]