

Rodrigue, Paul

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

MAINE DEPARTMENT OF HUMAN SERVICES
APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT

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.: Westview St Plumbing Permit No.: 8874EP Date of Plumbing Permit: 6-14-78

Owner of property: Paul Rodrigue Owner's address: _____ Size of lot: 37,500 sq. feet Acres

Name & type of establishment if other than private home: _____ gpd Is lot Zoned? Yes No Type of Zoning: Shoreland Resource Protection

Name of applicant/Owner's agent: Paul Rodrigue If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following:
 Deed restriction re. private sewage disposal
 Copy of the subdivision's soils report
 Soils report from a State Agency

Applicant's address: Brown Vista Drive Tel. No.: 29453
Town: Augusta Zip Code: 04330 Subdivision name: Brown Vista Park Lot No.: Plot 8
Applicant's signature: Paul Rodrigue Date: _____ Date: _____
Owner's signature: Paul Rodrigue 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 100', lining _____; Spring Surface water Body, Course— with disinfection, without disinfection. 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 of each soil strata encountered	Soil Profile No. 1		Soil Profile No. 2		Soil Profile No. 3		Soil Profile No. 4		Soil Profile No. 5	
	<input checked="" 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
1st strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata
	Inches									
	<u>Reddish Brown Sandy loam</u>	<u>10 5ft</u>	<u>1st strata</u>							
2nd strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata
	Inches									
	<u>Brown Sandy loam</u>	<u>12' 3in</u>	<u>2nd strata</u>							
3rd strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata
	Inches									
Depth from bottom of organic horizon to:	Total Depth of observation hole									
	Inches <u>22</u>	Inches								
	Max. Ground water table—mottling									
	<u>None Evident</u>									
Impervious layer, clay, etc.										
	Inches									
	<u>None Evident</u>									
Bedrock										
	Inches									
Type of Bedrock										
	<u>22</u>									
Surface slope										
	<u>10 %</u>	%	%	%	%	%	%	%	%	%
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	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	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
	<u>2A</u>									

On 4-18-77 (date), a site investigation for this project was completed. 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: Paul Rodrigue Health Engineering License No. 79

Date signed: 4-18-77

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

SYSTEM:	TREATMENT TANK:	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION	
		Type	SIZE		
<input checked="" type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM <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 _____	<input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Size in gallons: <u>1000</u> <input type="checkbox"/> Aerobic Tank Manufacturer: _____ Model No.: _____ Size in gallons: _____	<input type="checkbox"/> Trench System: Total trench length: <u>N/A</u> <input type="checkbox"/> Bed System Length: <u>50</u> Width: <u>20</u> <input type="checkbox"/> Chamber System Number: _____ <input type="checkbox"/> Type A _____ Single File <input type="checkbox"/> Type B _____ Cluster <input type="checkbox"/> Mound System Length: _____ Width: <u>N/A</u> at base <input type="checkbox"/> Special System Length: _____ Width: <u>N/A</u>	<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	Fill will be: <u>26</u> in. uphill; <u>50</u> in. downhill DETAILS <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	
				DISTANCES <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.	
				See Chapter 9 of the Code, II.	
				WAIVER <input type="checkbox"/> Required <input checked="" type="checkbox"/> Not Required	

PROPERTY/LOT LOCATION MAP: Central St, Westview Rd, lot

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.

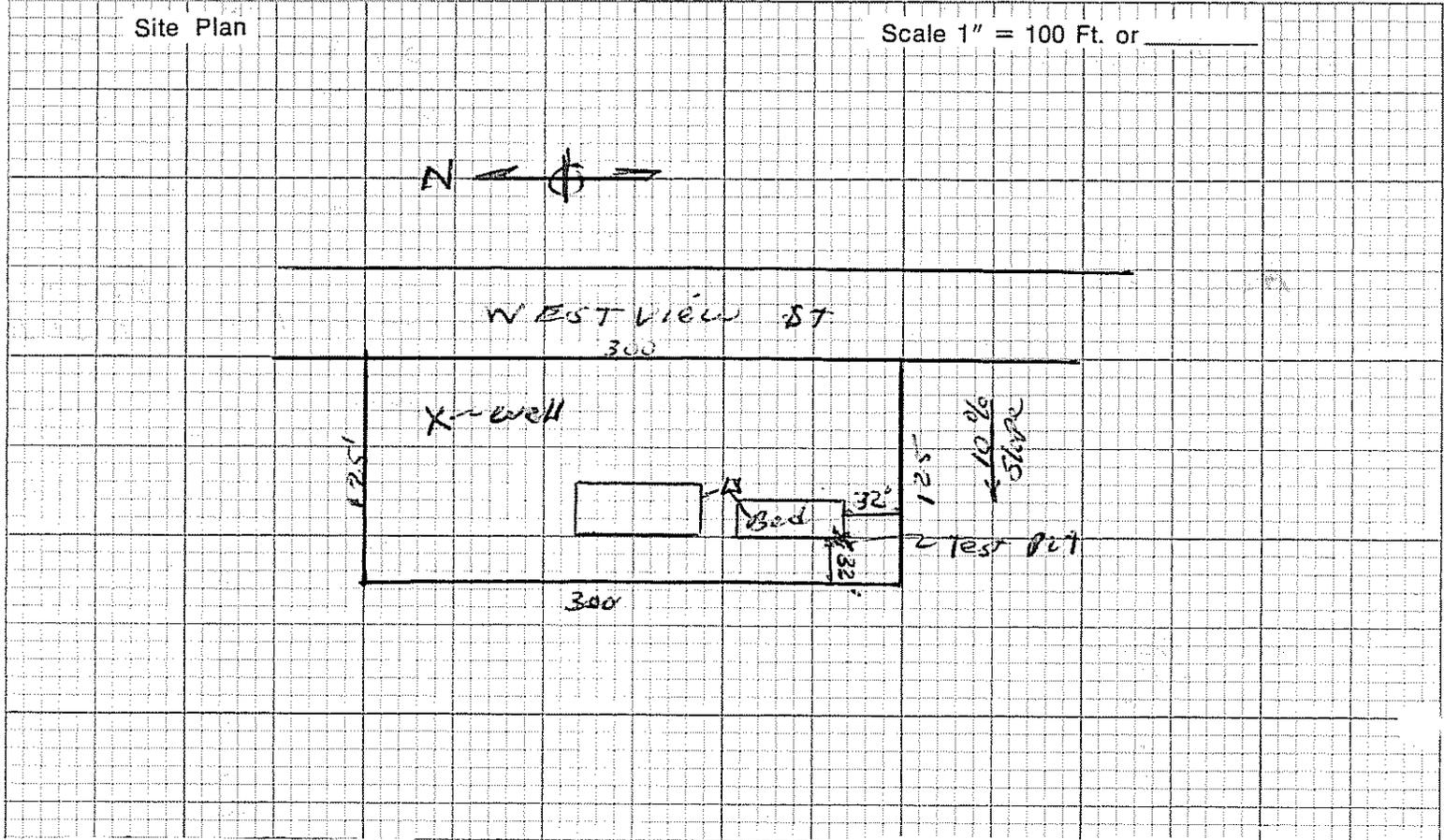
Signed LPI _____ Date _____ HHE - 200 1/77

APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
(For systems disposing of less than 2000 gallons per day)

Town Augusta	Street, Road, etc. West View St If on water body, give name	Owner of property Paul Rodriguez
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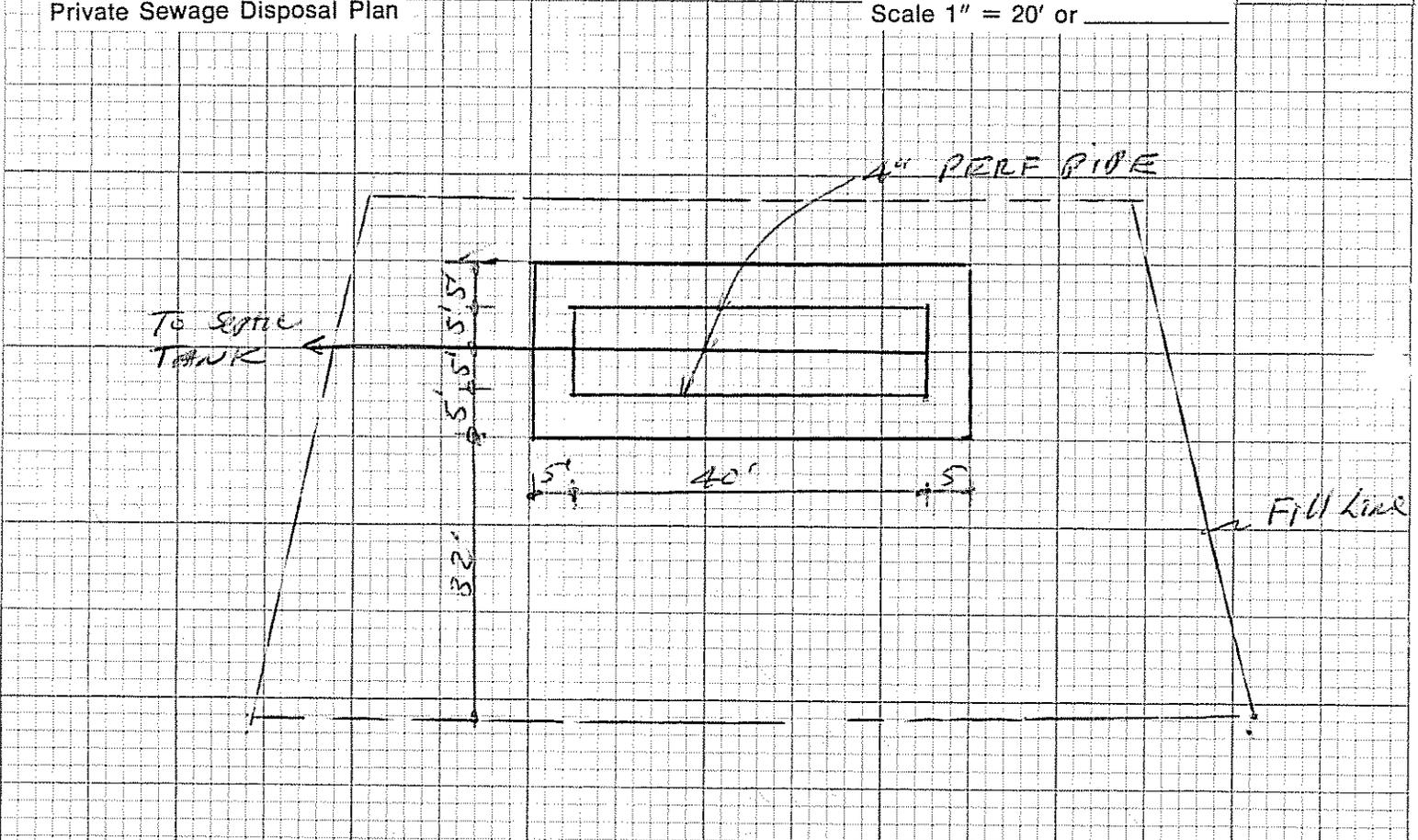
Site Plan

Scale 1" = 100 Ft. or _____



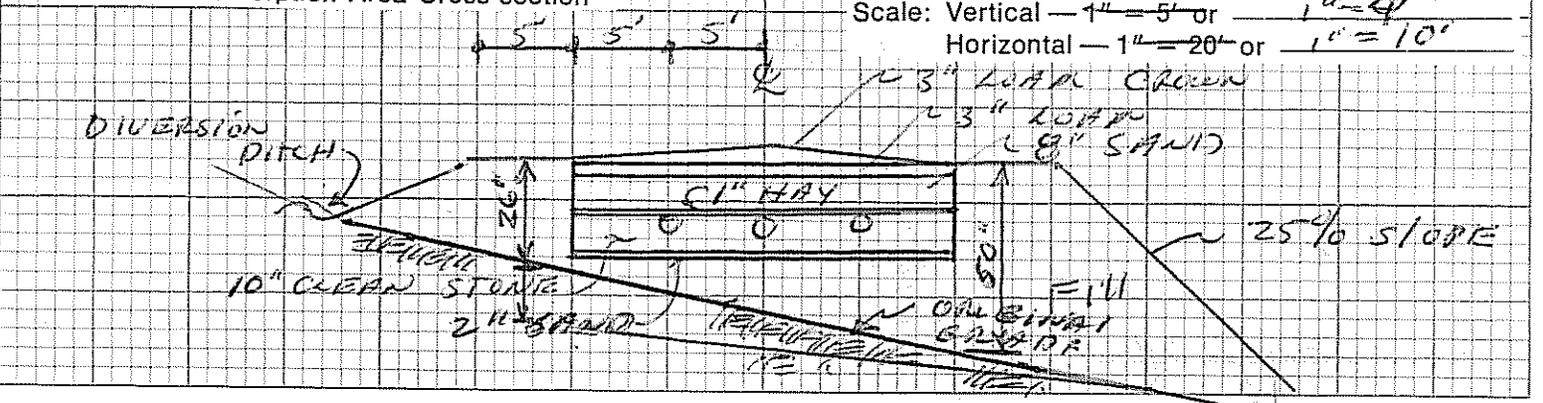
Private Sewage Disposal Plan

Scale 1" = 20' or _____



Subsurface Absorption Area Cross-section

Scale: Vertical — 1" = 5' or 1" = 4'
Horizontal — 1" = 20' or 1" = 10'



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.

HHE - 200 1/77

Signature Required

Date: _____
Applicant: _____
Owner: **Paul Rodriguez**

APPLICATION AND AGREEMENT

TO WAIVE CERTAIN PROVISIONS OF THE PLUMBING CODE

I, PAUL RODRIGUE, hereby apply to the Maine State Department
(owner)
of Human Services for permission authorizing the responsible Plumbing Inspector
to waive certain provisions of the Plumbing Code for an installation in connection
with a dwelling or building at Westview Rd, Augusta.
(street) (city or town)

This may include materials, methods, dimensions or conditions not specifically
approved by the Plumbing Code. Please draw a brief sketch of the property's
location on the back of this form so an inspector can find it. Include landmarks,
route numbers and street names.

Section of Code to be waived.	Description of specific waiver
1. <u>Table 4-2</u>	<u>20ft Bld'g to Subsurface Area to be 10'</u>
2.	
3.	

(If additional space is needed, attach a list)

In all other respects, the installation will comply with the Code. The installa-
tion will be made in accordance with the ATTACHED PLAN. A permit is to be issued
by the Plumbing Inspector if he is in agreement. The undersigned stipulates that
he is the owner and occupant of the building involved and that the building is
not for sale in the foreseeable future. The installation will be made by:
_____, License No. _____.

If any defects or inadequacies appear, I will promptly notify the State Department
of Human Services and subsequently make such corrections as the Department shall
find necessary

Owner's signature _____

NOTE: A PLAN TO SCALE Winter address _____

MUST BE ATTACHED Summer address _____

Telephone _____ Date _____

THE FOLLOWING TO BE FILLED IN BY THE PLUMBING INSPECTOR

I am (Local), (Alternate) Plumbing Inspector for the town of _____.
I have examined the plans for the installation described above and I find the building
to be in my jurisdiction.

I (do), (do not) recommend the issuance of a special permit for the installation
as described above.

Signed _____

Date _____

Return this form to the Division of Health Engineering, Department of Human Services,
Augusta, Maine. NO permit shall be issued for this waiver until the Local Plumbing
Inspector receives notification from this office.