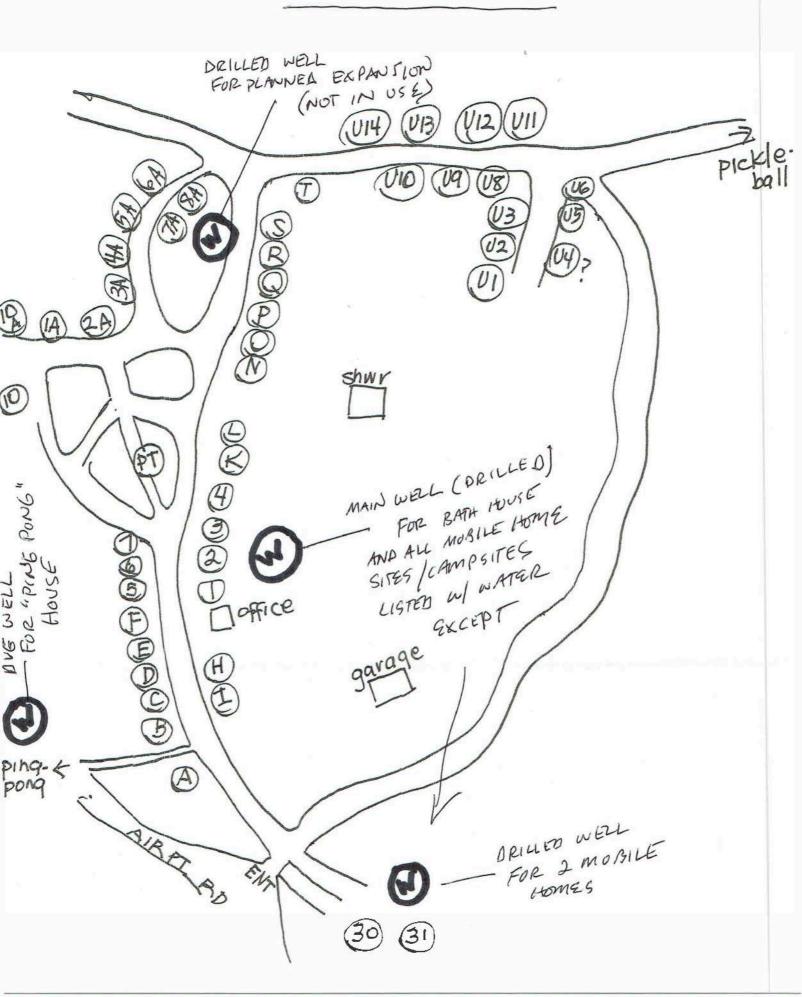
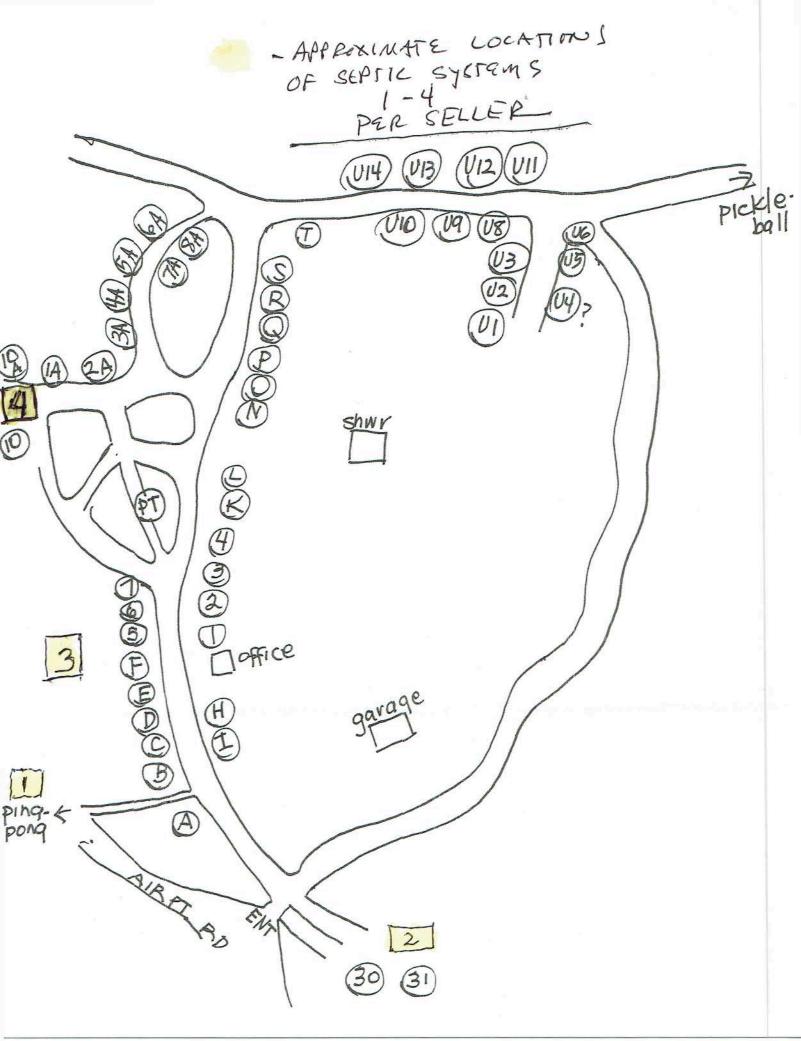
LOCATION OF WELLS





APPRITED KESWENCO MU House [37 air port] SUBJURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION Maine Department of Human Services Division of Health Engineering, Station 10 (207) 287-5672 FAX (207) 287-4172 PROPERTY LOCATION >> Caution: Permit Required -- Attach In Space Below << City, Town, or Plantation STONINGTON Street or Road Permit Subdivision, Lot # OWNER/APPLICANT INFORMATION Name (last, first, MI) Owner THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH Greenlaw Applicant THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS Mailing Address Ro, Box 72 FROM DATE ISSUED UNLESS WORK HAS COMMENCED. of Owner ☐ Applicant Daytime Tel. # Municipal Tax Map #__ Owner or Applicant Statement Caution: Inspections Required I state that the information submitted is correct to the best of my I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit. (1st) Date Approved lead wherether Local Plumbing Inspector Signature Signature of Owner or Applicant (2nd) Date Approved PERMIT INFORMATION TYPE OF APPLICATION THIS APPLICATION REQUIRES DISPOSAL SYSTEM COMPONENT(S) First Time System 1. No Rule Variance 1. Complete Non-engineered System 2. Replacement System 2. First Time System Variance 2. Primitive System (graywater & alt toilet) Type Replaced: a. D Local Plumbing Inspector Approval 3. Alternative Toilet, specify:
4. Non-Engineered Treatment Tank (only) Year Installed: b.

State & Local Plumbing Inspector Approval 3. Expanded System 3. Replacement System Variance 5. Holding Tank, _____ gallons ☐ One-time exempted a.

Local Plumbing Inspector Approval 6. Non-engineered Disposal Field (only) ☐ Non-exempted b. D State & Local Plumbing Inspector Approval 7. Separated Laundry System ☐ Experimental System 4. Minimum Lot Size Variance 8. Complete Engineered System (2000 gpd or more) 5.

Seasonal Conversion 5.

Seasonal Conversion Approval 10. D Engineered Disposal Field (only) SIZE OF PROPERTY DISPOSAL SYSTEM TO SERVE 11. Pre-treatment, specify: 1. Single Family Dwelling Unit, No. of Bedrooms: 2 sq. ft. 12. Miscellaneous components acres 2. Multiple Family Dwelling, No. of Units:__ TYPE OF WATER SUPPLY SHORELAND ZONING 3. Other: 1. Drilled Well 2. Dug Well 3. Private ☐ Yes M No SPECIFY 4. Public 5. Other: DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3). TREATMENT TANK DISPOSAL FIELD TYPE & SIZE GARBAGE DISPOSAL UNIT DESIGN FLOW Concrete 1. ☐ Stone Bed 2. ☐ Stone Trench 1. No 3. Maybe gallons per day a. Regular 3. Proprietary Device 2. Yes >> Specify one below: BASED ON: b. D Low Profile a. Cluster array c. Linear a. D Multi-compartment Tank 1. Table 501.1 (dwelling unit(s) ☐ Plastic b. Regular load d. H-20 load 2. Table 501.2 (other facilities) b. D Tanks in Series 3. Other: 4. Other: c. Increase in Tank Capacity SHOW CALCULATIONS CAPACITY 1000 SIZE 500 sq. ft. I lin. ft. - for other facilities d. D Filter on Tank Outlet SOIL DATA & DESIGN CLASS DISPOSAL FIELD SIZING PUMPING

SITE EVALUATOR STATEMENT

| I Certify that on 6-30-77 | (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed |
|---|--|
| system is in compliance with the State of | Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241). |
| DIANI V | 1 The state of the |

Robert G. Vile ir.

PROFILE CONDITION DESIGN

OF MOST LIMITING SOIL FACTOR

at Observation Hole #

Depth NA * Elevation

204

1. Small - 2.0 sq. ft./gpd

4. Large - 4.1 sq. ft./gpd

2. Medium -- 2.6 sq. ft./gpd

3. Medium-Large - 3.3 sq. ft./gpd

5. D Extra Large -- 5.0 sq. ft./gpd

7-2-99

gallons

= #

1. Not Required

2. May Be Required

3. ☐ Required >> Specify only for

engineered or experimental systems:

34-2451

Page 1 of 3 HHE-200 Rev. 1/99

3. Section 503.0 (meter readings)

ATTACH WATER-METER DATA

| own, City, Plantation | | SYSTEM A | | | Division of Health Enginee 207) 287-5672 FAX (207) 2 | |
|---------------------------------------|---|--|--|---------------------------------|---|----------|
| STORINGTON | Hir | Street, Road S PORT Ro | ubdivision 2, | Bruce | Owner's Name Green Aw | |
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| SOIL DESCRIPTION | AND CLASSIFICATION | ON (Location | n of Obse | rvation H | oles Shown Al | nove) |
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| LOAMY FINGLE | strong - | | ‡ | | + | |
| LOAMY FINGUE | Strong 0 | | <u></u> | - - - - - - - | | |
| - LOAMY FINBLE - SAND - | Strong O Brown O Yellowish | J. I. J. | <u> </u> | | | |
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| Town Or Plantation Street odivision Lot # AIRPOR PROPERTY OWN | T ROAD | Date Permi Issued | ONINGTON PER | RHIT \$ 295 APPLICANTS COPY | |
|--|---|--|---|---|----------|
| Applicant Name: SAME ling Address of prer/Applicant If Different) STONING | BRUCE 72 TON, ME. C | | AUTHORIZED TO BE INST THE RULES. THIS PERMI | THIS APPLICATION IS HEREBY FALLED IN ACCORDANCE WITH T EXPIRES AFTER TWO YEARS. LESS WORK HAS COMMENCED. | |
| Owner/Appli tify that the Information submitted is edge and understand that any falsification bing Inspector to deny a Permit. | cant Statement correct to the best of ation is reason for the l | f | I have inspected the inst | ASpection Required allation authorized above and found it to obsurface Wastewater Disposal Rules. | |
| Signature of Owner/App | licant | Date | Local Plumbing Inspector | Signature Date / | Approved |
| | | PERMIT IN | FORMATION | | |
| 2. | | 1. NO RULE V. 2. NEW SYSTE Attach New 1 3. REPLACEME Attach Replace a. Requiring Loc b. Requires Stat Approval 4. MINIMUM LC | M VARIANCE System Variance Form ENT SYSTEM VARIANCE cement System Variance Form cal Plumbing Inspector Approval e and Local Plumbing Inspector DT SIZE VARIANCE | INSTALLATION IS: COMPLETE SYSTEM 1. NON-ENGINEERED SYSTEM 2. PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. ENGINEERED (+ 2000 gpd). INDIVIDUALLY INSTALLED COMPONENT 4. TREATMENT TANK (ONLY) 5. HOLDING TANK 6. ALTERNATIVE TOILET (ONLY) 7. NON-ENGINEERED DISPOSAL | GAL |
| YEAR FAILING SYSTEM INSTALLED THE FAILING SYSTEM IS: 1. □ BED 3. □ TRENCH 2. □ CHAMBER 4. □ OTHER: SIZE OF PROPERTY 700/ING | | 1. SINGLE FAI | YSTEM TO SERVE: MILY DWELLING OR MOBILE HOME (2) FAMILY DWELLING SPECIFY | (ONLY) 8. □ ENGINEERED DISPOSAL AREA (ONLY) 9. □ SEPARATED LAUNDRY SYSTEM TYPE OF WATER SUPPLY PROPOSED | |
| | | DETAILS (SYSTEM I | AYOUT SHOWN ON PAGE 3) | PRILEDWELL | = |
| TREATMENT TANK 1. SEPTIC: Regular Low Profile 2. AEROBIC SIZE: GAL | WATER 1. ME NONE 2. LOW VO 3. SEPARAT | CONSERVATION DLUME TOILET ED LAUNDRY SYSTEM ATIVE TOILET | PUMPING 1. NOT REQUIRED 2. MAY BE REQUIRED (DEPENDING ON TREATME LOCATION AND ELEVATION 3. REQUIRED DOSE: | CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEA EMPLOYEES, WATER RECORDS, NOT TANK 2-2BEDROOM | |
| SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE CONDITION 1. SMALL 2. MEDIUM 3. MEDIUM-LARGE 4. LARGE 5. EXTRA LARGE | | N PURPOSES 1 1-LARGE | DISPOSAL AREA TYPE/S 1. □ BED S 2. ■ CHAMBER GOO | q. Ft. Sq. Ft. | DAY |
| TE EVALUATOR STATEME In 11/7/88 (da ystem I propose is in accordan Site Evaluator Signa | te) renducted a | Trace wastiswater t | his project and certify that this posal Rules. | he data reported is accurate. The | JAY) / |

| wn, City, Plantation | Street, Road | f, Subdivision | | Owners Name | |
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I susum Human Services SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION ivision of Health Engineering (207)289-3826 PROPERTY ADDRESS Town Or Plantation STONINGTON Street Subdivision Lot # AIRPORT ROAD Caution: Permit Required The Subsurface Wastewater Disposal System shall not be PROPERTY OWNERS NAME installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and BRUCE Last: (TREENLAW First: the Maine Subsurface Wastewater Disposal Rules. Applicant Name: SAME Mailing Address of Ra Box 72 Owner/Applicant (If Different) STONENGTON, ME, 04(68 Owner/Applicant Statement I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules. Plumbing Inspector to deny a Permit. Signature of Owner/Applicant Date Local Plumbing Inspector Signature Date Approved PERMIT INFORMATION THIS APPLICATION IS FOR: THIS APPLICATION REQUIRES: INSTALLATION IS: 1. B NEW SYSTEM 2. REPLACEMENT SYSTEM 1. B NO RULE VARIANCE COMPLETE SYSTEM 3. EXPANDED SYSTEM 2. A NEW SYSTEM VARIANCE 1. B NON-ENGINEERED SYSTEM 4. EXPERIMENTAL SYSTEM Attach New System Variance Form 2. PRIMITIVE SYSTEM 3. REPLACEMENT SYSTEM VARIANCE SEASONAL CONVERSION (Includes Alternative Toilet) Attach Replacement System Variance Form to be completed by the LPI 3. ENGINEERED (+2000 gpd) a. Requiring Local Plumbing Inspector Approval 5. SYSTEM COMPLIES WITH RULES INDIVIDUALLY INSTALLED COMPONENTS: B. Requires State and Local Plumbing Inspector 6. CONNECTED TO SANITARY SEWER 4. TREATMENT TANK (ONLY) Approval 7. SYSTEM INSTALLED - P# 4. MINIMUM LOT SIZE VARIANCE 5. HOLDING TANK 8. SYSTEM DESIGN RECORDED AND ATTACHED 6. ALTERNATIVE TOILET (ONLY) IF REPLACEMENT SYSTEM: 7. D NON-ENGINEERED DISPOSAL AREA DISPOSAL SYSTEM TO SERVE: (ONLY) YEAR FAILING SYSTEM INSTALLED 1. SINGLE FAMILY DWELLING 8. ENGINEERED DISPOSAL AREA THE FAILING SYSTEM IS: (ONLY) 1. BED 2. CHAMBER 3. TRENCH 4. OTHER: 2. MODULAR OR MOBILE HOME 9. SEPARATED LAUNDRY SYSTEM 3. MULTIPLE FAMILY DWELLING SIZE OF PROPERTY ZONING TYPE OF WATER SUPPLY 4. OTHER I SO ACS. SPECIFY NIA EXISTING DRILLED WELL DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) 2. TREATMENT TANK'S CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC. WATER CONSERVATION PUMPING 1. NOT REQUIRED 1. SEPTIC: Regular 1. W NONE 2. MAY BE REQUIRED ☐ Low Profile 2. LOW VOLUME TOILET (DEPENDING ON TREATMENT TANK 8 mobile Homes 2. AEROBIC 3. D SEPARATED LAUNDRY SYSTEM LOCATION AND ELEVATION ALTERNATIVE TOILET 3. A REQUIRED SIZE: 2,000 GALS SPECIFY: DOSE: EALH SOIL CONDITIONS USED FOR DESIGN PURPOSES SIZE RATINGS USED FOR DESIGN PURPOSES DISPOSAL AREA TYPE/SIZE 1. BED PROFILE CONDITION 1. SMALL Sq. Ft. 2. 窗 CHAMBER 3050 Sa. Ft. 2. MEDIUM 3. MEDIUM-LARGE REGULAR | H-20 DESIGN 4. A LARGE 3. TRENCH ____ Linear Ft. DEPTH TO FLOW:

SITE EVALUATOR STATEMENT

LIMITING FACTOR:

5.

EXTRA LARGE

Site Evaluator Signature

204 SE#

4. OTHER:

7-10-9/ Date (GALLONS/DAY

LOWN KOAD OWNERS NAME STONENGTON AIRPORT RD BRUCE GREENLAW I" = 50' UNLESS NOTED ---SCALE EXISTENS Distance between GRAVELED ROAD mobile Homes NOTATAWN TO SCALE, Locations of Homes PROPOSED 2-ADDITIONAL ARE APPROXIMATE. mobile Homes with 1000gallow Scotic TANK. CAN ONly be added After well metering Proves Flow under 1350 quillouis perday, ATThATTEME STATE PERMISSION REQUIRED EXISTING-DRILLEDWELL ProposED mobile Homes Proposito 2000 gallow Septic TRNF-5705lepe ProposED 2000 garlow SIOOR SEPTIL THOUSE ELEVATION REFERENCE POINT: 8/0 NAIL 5'upfrom Sluge ProposED 122 ground in a Infiltrator DISPOSAL AREA. 14" DIA. Spruce 15 Rows of 8 and 1 Row of 2) 8%0 3'APART' Seriel distribution. Tree. Slope. Robert & Weej LSF. # 204 O = TEST PIT 7-10-91

| PROPERTY ADDRESS STONETON STON INCOMES NAME PROPERTY OWNERS NAME Stried Lot # ATRPORT ROAD SATE # 1 PROPERTY OWNERS NAME STONE OF # ATRPORT ROAD SATE # 1 PROPERTY OWNERS NAME STONE OF # ATRPORT ROAD SATE # 1 PROPERTY OWNERS NAME STONE OF # ATRPORT ROAD SATE # 1 PROPERTY OWNERS NAME THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE JUST ALLE BY NAME CORDANICO WE AS FIRM NAME OF THE INTERPROPERTY OWNERS OWNERS OF THE INTERPROPERTY OWNERS OF THE INTERPROPERTY OWNERS OWNERS OF THE INTERPROPERTY OWNERS OWN | | 3 | Sell | dit i | vice soul so | Dépar | tmen o Human Services | |
|--|--|---|---|--|--|--|--------------------------|--|
| Signature of Owner/Applicant Statement Signature Sign | 1158 | | | SPOSAL SYST | TEM APPLICATION | Divisi | (207) 289-3826 | |
| PROPERTY OWNERS NAME | Town Or | PROPERTY ADDRE | SS | Æ | STONINGTON | PERMIT # | 188 APPLICANTS COP | |
| CREENLAW First: BRUCE | Plantation | STONINGTO | 9 N | Permit | | 131 1 60 | FEE Double Fee Charged | |
| PROPERTY OWNERS NAME Case Plumbing Inspector Signature THE WORK SPECIFIED IN THIS APPLICATION IS HEREITY AUTHORIZED TO BE INSTALLED PROPERTY OF STAME SHOWN OF YEARS FROM DATE IS SUED UNLESS WORK HAS COMMENCED. THE WORK SPECIFIED IN THIS APPLICATION IS HEREITY AUTHORIZED TO BE INSTALLED PROPERTY OF YEARS FROM DATE IS SUED UNLESS WORK HAS COMMENCED. THE WORK SPECIFIED IN THIS APPLICATION IS HEREITY AUTHORIZED TO BE INSTALLED PROPERTY OWNER HAS COMMENCED. THIS APPLICATION IS FOR: 1. ## NEW SYSTEM 2. REPLACEMENT SYSTEM 3. EXPANDED BYSTEM 4. EXPERIENCENT AND | | AIRPORT ROP | NO SITE | 上件] Issued | | | 0 - 2 | |
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| Caution: Inspection Required Caution: Inspection: Inspection Required Caution: Inspecti | ling Address of | RO. BOX 72 | - | | | | | |
| THIS APPLICATION IS FOR: | | | | 181 | | | | |
| Date | ertify that the Int viedge and unde | formation submitted is correct erstand that any falsification is | Statement t to the best of r reason for the Lo | ny cal | I have inspected the insta | llation authorized at | pove and found it to | |
| THIS APPLICATION IS FOR: 1. ## NEW SYSTEM 2. REPLACEMENT SYSTEM 3. EXPANDED SYSTEM 4. EXPERIMENTAL SYSTEM 5. SEASONAL CONVERSION 1. ## OND RULE VARIANCE 2. REPLACEMENT SYSTEM 3. SYSTEM COMPLIES WITH RULES 5. OND RUCET DESIGN TO SAINTARY SEWER 7. SYSTEM COMPLIES WITH RULES 8. OND RUCET DESIGN RECORDED AND ATTACHED IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED THE FAILING SYSTEM IS: 1. BED SOUTH ROLLED THE FAILING SYSTEM IS: 1. BED SOUTH ROLLED THE FAILING SYSTEM IS: 1. BED SOUTH ROLLED THE FAILING SYSTEM IS: 1. BED SEEFTIC: BEGINS RECORDED AND ATTACHED DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) WATER CONSERVATION 1. SEPPARATED LAUNDRY SYSTEM 1. SEPPARATED LAUNDRY SYSTEM 2. ALFERNATIVE TOILET 3. SEPARATED LAUNDRY SYSTEM 3. SYSTEM IS: 1. BED SOUTH ROLLED THE FAILING SYSTEM INSTALLED THE FAILING SYSTEM INSTALLED THE FAILING SYSTEM INSTALLED THE FAILING SYSTEM INSTALLED 1. SINGLE FAMILY DWELLING 2. MULTIPLE FAMILY DWELLING 3. MULTIPLE FAMILY DWELLING 4. OTHER TYPE OF WATER SUPPLY EXISTED OF PROPERTY 2. ALERNOHIC ON TREATMENT TANK 3. SEPARATED LAUNDRY SYSTEM 4. ALTERNATIVE TOILET 5. OCATION AND ELEVATION 1. NON-ENGINEERED SYSTEM 1. SINGLE FAMILY DWELLING 1. OTHER TYPE OF WATER SUPPLY EXISTENCY (BEDROOMS) 8. SERIOLAR H-20 DESIGN PURPOSES PROFILE SIZE OF PORDITION 3. SEPARATED LAUNDRY SYSTEM 4. ALTERNATIVE TOILET 5. OCATION AND ELEVATION 5. OCATION AND ELEVATION 5. DESIGN PURPOSES 6. OCALS 6. OCALS 7. OCATION AND ELEVATION 7. OCATION AND ELEVATION 8. OCALS 8. | Alle | 1 / Kee | nlach |) | | | | |
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Page 1 of 3 HHE-200 Rev. 11/86

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