

CERTIFICATE OF APPROVAL

FOR WASTEWATER DISPOSAL FOR THE TOWN/CITY OF Walden

Town/City Code

05170

LPI Number

00123

Date Issued

05/14/82

3172 EC

Month Day Year

Certificate of App Number

Installer's Name

PAKSEN-THORPE

Last Name

F. I. M. I.

Owner

*John S. Whitman*

Address

88 Apple Hill Ct. Walden, Maine

Location where system was installed and inspected

*Walden Island*

Installer

Owner

2. Builder

3. Installer

4. Developer

5. Realtor

6. Other

Code

THE SUBSURFACE WASTEWATER DISPOSAL SYSTEM OR COMPONENT(S) INSTALLED PURSUANT TO THE ABOVE CERTIFICATE OF APPROVAL NUMBER HAS BEEN PERSONALLY EXAMINED AND HAS BEEN PROPERLY INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE SUBSURFACE WASTEWATER DISPOSAL RULES AND THE HHE-200 FORM PERFORMED BY

0113

(Site Evaluator Number)

ON

05/18/82

Month, Day, Year

*David J. Godwin*

Signature of LPI

Date Inspected

JUL 21 1982

OWNER'S COPY

**CERTIFICATE OF APPROVAL**

FOR WASTEWATER DISPOSAL FOR THE TOWN/CITY OF \_\_\_\_\_

Town/City Code **05170**

LPI Number **00120**

Date Issued  
Month **14** Day **14** Year **82**

37472 EC  
Certificate of App Number

Installer's Name  
Last Name **DORRIS** First Name **CLAREY** F. I. M. I.

- Installer Code
- 1. Owner
  - 2. Builder
  - 3. Installer
  - 4. Developer
  - 5. Fitter
  - 6. Other

Address **68 N. 1st St. & 14th St. N.**  
Location where system was installed and inspected  
**68 N. 1st St. & 14th St. N.**

THE SUBSURFACE WASTEWATER DISPOSAL SYSTEM OR COMPONENT(S) INSTALLED PURSUANT TO THE ABOVE CERTIFICATE OF APPROVAL NUMBER HAS BEEN PERSONALLY EXAMINED AND HAS BEEN PROPERLY INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE SUBSURFACE WASTEWATER DISPOSAL RULES AND THE HHE-200 FORM PERFORMED BY

**E. M. B.** ON **VEP-602**  
(Site Evaluator Number) Month, Day Year

**TOWN'S COPY**

Signature of LPI \_\_\_\_\_  
Date Inspected **JUL 21 1982**

**SUBSURFACE WASTEWATER DISPOSAL PERMIT**

FOR THE TOWN/CITY OF \_\_\_\_\_

Permit Issuance  
Town/City Code **05170**

LPI Number **00120**

Date Issued  
Month **07** Day **14** Year **82**

Evaluator Number **000003**

37472 EP  
PERMIT NUMBER

Address **68 N. 1st St. & 14th St. N.**  
Location **68 N. 1st St. & 14th St. N.**  
Site of Number **68 N. 1st St. & 14th St. N.**  
Street, Road Name/Subdivision

- Issue Code
- 1. Owner
  - 2. Builder
  - 3. Installer
  - 4. Developer
  - 5. Fitter
  - 6. Other

Permit Issuance	1. No Variance Required	2. Replacement/Variance	3. New System Variance	4. Local State Evaluation Withn Option	5. Engineer
Type of System	1. New	2. Replacement	3. Expansion	4. Experimental	5. Engineer
Replacement System or Modification	If system is being replaced or is a malfunction, enter year of original system installation				
System to Serve	1. Single (Res)	3. Mobile Home	5. Commercial	7. Other (Specify)	
Complete System	2. Multi-Families	4. Modular Homes	6. School		
Treatment Tank ONLY	1. Bed	2. Chamber	3. Special System (includes one wastewater tank)	4. Other (Specify)	5. Trench
Disposal	1. Saptic	2. Aerobic	3. "nding		
ARM ONLY	1. Bed	5. Trench	2. Chamber	4. Other (Specify)	
Wastewater Tanks	1. Pit/Privy	2. Vault/Privy	3. Compost/Ticket	4. Other (Specify) (\$10. each)	

**TOWN'S COPY**

Signature of LPI \_\_\_\_\_  
Date Inspected **6/12/82**

Total Fee **140.00**  
If Double Fee Check  Box

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

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

HHE-20  
 Page 1 of 2

The applicant is for:  Sewer System  Urinal, Floor or Toilet System  Expanded System  Replacement of Disposal Area Only  Combined Permit

PROPERTY LOCATION: **POPLAND PEAKS ISLAND**  
 PROPERTY OWNER: **JOHN S. WATSON**  
 Address: **10100 AVE** Street  
 Telephone: **766-2237** Tel No.  
**POPLAND ISLAND** State  
**04107** Zip Code

TYPE OF STRUCTURE:  Single Family Dwelling  Other Dwelling  Non-Sewer Structure  Multi-Unit System  Other Structure

Number of Bedrooms: **1** Drain Flow: **300** GPF  
 Driven Floor based on:  Maximum  Minimum  Unknown  Conservative  
 Reduction in Drain Flow due to Water Conservation  
 If so, specify flow in \_\_\_\_\_

TYPE OF STRUCTURE DESIGN FLOW: \_\_\_\_\_  
 Sewer: **88** In. **A** L x W  
 Subsoil Name: \_\_\_\_\_

PROPERTY INFORMATION:  
 Area of Property: **16335**  Sq Ft  Acres  Acre  Not Zoned  
 If zoned, type of zoning: **R-2**  
 Property on Water Body: If so Name of Water Body: \_\_\_\_\_  
 Water Supply:  Public Utility  Dug Well  Spring  Surface Water



SOIL PROFILE DESCRIPTION Location of Observation Hole shown on page 2

Observation Hole No.	Soil Profile	Soil Condition	Slope	Profile	Condition	Slope	Profile	Condition	Slope
1	Observation Hole No. <b>1</b> <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring Organic Strata <b>sod</b> Thickness <b>1</b> or Existing Fill 1st Original Mineral Soil Strata <b>165m gravelly</b> Depth from 0 to <b>10</b> Thickness <b>10</b> 2nd <b>strat brown sandy loam</b> Depth from <b>10</b> to <b>22</b> Thickness <b>12</b> <b>gray brown gravel (comp)</b> Depth from <b>22</b> to <b>50 1/2</b> Thickness <b>18 1/2</b> <b>shale bedrock</b> Depth from <b>40 1/2</b> to _____ Thickness _____ Total Depth of Observation Hole <b>40 1/2</b> Maximum Seasonal High Ground <b>None evident</b> Water Table Depth <b>26</b> Depth to Rafter/ribe Layer <b>None evident</b> Depth to Bedrock <b>None evident</b>	Observation Hole No. _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring Organic Strata _____ Thickness _____ or Existing Fill 1st Original Mineral Soil Strata _____ Depth from 0 to _____ Thickness _____ 2nd _____ Depth from _____ to _____ Thickness _____ <b>gray brown gravel (comp)</b> Depth from _____ to _____ Thickness _____ _____ Depth from _____ to _____ Thickness _____ Total Depth of Observation Hole _____ Maximum Seasonal High Ground _____ Water Table Depth _____ Depth to Rafter/ribe Layer _____ Depth to Bedrock _____	Observation Hole No. _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring Organic Strata _____ Thickness _____ or Existing Fill 1st Original Mineral Soil Strata _____ Depth from 0 to _____ Thickness _____ 2nd _____ Depth from _____ to _____ Thickness _____ _____ Depth from _____ to _____ Thickness _____ Total Depth of Observation Hole _____ Maximum Seasonal High Ground _____ Water Table Depth _____ Depth to Rafter/ribe Layer _____ Depth to Bedrock _____	Observation Hole No. _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring Organic Strata _____ Thickness _____ or Existing Fill 1st Original Mineral Soil Strata _____ Depth from 0 to _____ Thickness _____ 2nd _____ Depth from _____ to _____ Thickness _____ _____ Depth from _____ to _____ Thickness _____ Total Depth of Observation Hole _____ Maximum Seasonal High Ground _____ Water Table Depth _____ Depth to Rafter/ribe Layer _____ Depth to Bedrock _____	Observation Hole No. _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring Organic Strata _____ Thickness _____ or Existing Fill 1st Original Mineral Soil Strata _____ Depth from 0 to _____ Thickness _____ 2nd _____ Depth from _____ to _____ Thickness _____ _____ Depth from _____ to _____ Thickness _____ Total Depth of Observation Hole _____ Maximum Seasonal High Ground _____ Water Table Depth _____ Depth to Rafter/ribe Layer _____ Depth to Bedrock _____	Observation Hole No. _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring Organic Strata _____ Thickness _____ or Existing Fill 1st Original Mineral Soil Strata _____ Depth from 0 to _____ Thickness _____ 2nd _____ Depth from _____ to _____ Thickness _____ _____ Depth from _____ to _____ Thickness _____ Total Depth of Observation Hole _____ Maximum Seasonal High Ground _____ Water Table Depth _____ Depth to Rafter/ribe Layer _____ Depth to Bedrock _____			

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

TYPE OF SYSTEM:  Combined System  Sewer System

It is used system, type of block walls, disposal system to be used

FOR USE BY OWNER/PLUMBER:  Concrete  Full Pile  Sheet Pile  Other

Society: \_\_\_\_\_

Geotextile Lining System  Priming System  Choking Tank

TREATMENT TANK:  Septic Tank  Aerobic Tank

Size: **750** GPH

OSGAGE:  Pumping is not required  Pumping is required

The cover should be \_\_\_\_\_

Depth of chamber cavity shall be \_\_\_\_\_ gill

SUBSURFACE DISPOSAL AREATYPE:  French Drain Area

Total line of trench \_\_\_\_\_ ft  
 Number of French lines \_\_\_\_\_ ft  
 Length of each trench line \_\_\_\_\_ ft  
 Depth of Stone \_\_\_\_\_ inches  
 Radiation on trench length due to stone drain: \_\_\_\_\_

Total bed area: **800** sq ft  
 Area of trench: **20** sq ft, length **40** ft  
 Total Chamber Area: \_\_\_\_\_ sq ft  
 Number of chambers: \_\_\_\_\_ at ft  
 Width: \_\_\_\_\_ ft, length \_\_\_\_\_ ft  
 OH 20 ft required

SYSTEM SIZE RATING:  Small  Medium  Large  Very Large

DISPOSAL AREA ELEVATION: \_\_\_\_\_

Depth of location fill required: **8** inches  
 Depth of Downside fill required: **10** inches  
 Reference Elevation Point established at: **100.00** Elevation  
 Disposal Area Bottom to be established at: **98.47** Elevation  
 Top of Distribution Lines or Top of Chamber: **97.55** Elevation

Yes  No: The proposed subsurface disposal area well is located at least 100 feet from any and all wells, springs, streams, rivers, swamps, marshes, and bays.

Yes  No: The proposed subsurface disposal area well is located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day, and an public water supply.

FOR USE BY SITE EVALUATOR

011-21-81 (only a site investigation for a 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.

FOR USE BY OWNER/PLUMBER: 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 60 month period from the date of permit issuance. I also understand that no purchase is intended or implied by reason of my advice or approval of same.

FOR USE BY UT:  This application is approved. If conditions, permits, or specifications are required, they shall be \_\_\_\_\_

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 Site Evaluator: **William B. Spedden** Date signed: **April 16, 1982**

Signature of Owner/Plumber: \_\_\_\_\_ Date signed: \_\_\_\_\_

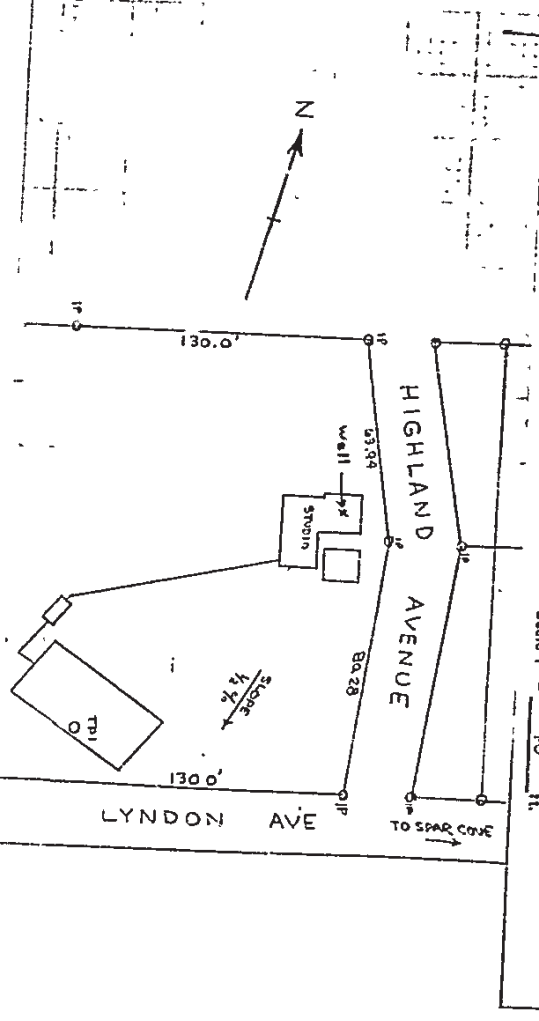
Site Evaluator License Number: **10007**

5/14/82  
 [Signature]  
 PERMIT NO. **917117**  
 Date issued: \_\_\_\_\_  
 HM

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

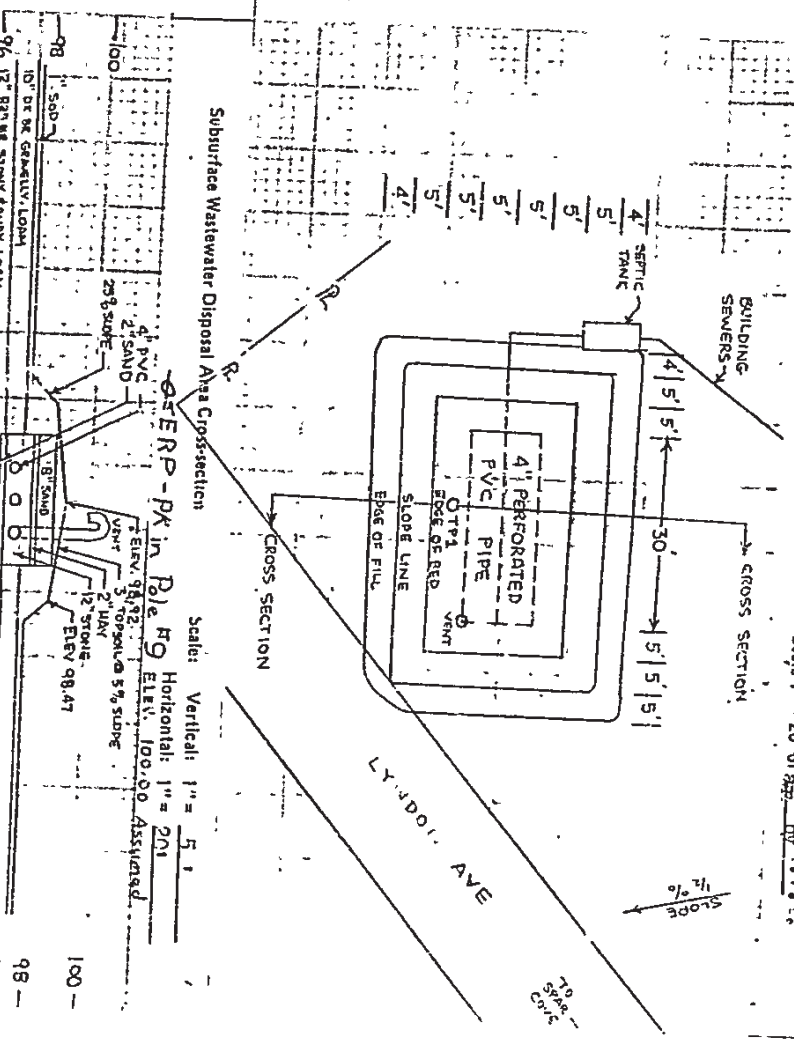
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PROPERTY LOCATION <b>101 and 102</b>	DISPOSAL AREA ELEVATION <b>LYNDON AVE</b>	PARCEL NO. <b>88 n. A</b>	LOT NO. <b>1</b>
PROPERTY OWNER OR APPLICANT <b>John S. Wujkman</b>	DEPTH OF LATTER FILL REQUIRED <b>8</b> inches	PREFERRED ELEVATION POINT ESTABLISHED BY <b>100.00</b> ELEVATION	
	DEPTH OF DISTRIBUTION PIPE REQUIRED <b>10</b> inches	EXISTING AREA BOTTOM TO BE UTILIZED AT <b>96.47</b> ELEVATION	
		TOP OF DISTRIBUTION LINE AT TOP OF CURB AT <b>97.55</b> ELEVATION	



Subsurface Wastewater Disposal Plan

Scale: 1" = 20' of 3/32" T.V.P.  
 ● Designates Elevation Reference Point (ERP)  
 ○ Designates Observation Hole (T-1 or T-2)



Subsurface Wastewater Disposal Area Cross-section

Scale: Vertical: 1" = 5'  
 Horizontal: 1" = 20'  
 ELEV. 98.47  
 ELEV. 100.00 ASSIGNED  
 ELEV. 96.47

98	10" OR GR. GRAVELLY LOAM	100	2" SAND
96	12" NAT. BR. STONY SANDY LOAM	98	28% SLOPE
94	1/2" SAND	96	12" STONE
92	SHALE BEDROCK	94	12" STONE

DATE: **April 16, 1983**  
 HHE