

SPRING COVE AVE. CUSHING ISLAND  
106C-A-4, 106C-A-5, 106C-A-10

**CERTIFICATE OF APPROVAL**

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

OWNER \_\_\_\_\_

Cert of App Number  
**Nº 2280 EC**

ADDRESS \_\_\_\_\_, MAINE  
Location where system was installed and inspected

Date C O A. Issued  
Mon. h Day Year

Installer's Name \_\_\_\_\_  
Last Name F. I. M. I.

Date Inspected  
**8/28/77**  
Month Day Year

Date Permit Issued

THE SUBSURFACE SEWAGE DISPOSAL SYSTEM AND/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 SWAGE DISPOSAL REGULATIONS.

State Office  
Use Only  
Date Received

Signature of LPI \_\_\_\_\_

ORIGINAL—To be sent to: Department of Human Services  
Division of Health Engineering 221 State Street Augusta, Maine 04333

**SUBSURFACE SEWAGE DISPOSAL PERMIT** FOR THE TOWN/CITY OF Wiscasset

Town/City Code 15710 LPI Number 1123 License Number \_\_\_\_\_ Date Issued 12/1/77 PERMIT NUMBER  
Month Day Year **Nº 2280 EP**

Address of System & Location 106-C-A-4 Soil Evaluator \_\_\_\_\_  
St/Lot Number 106-C-A-4 Street, Road Name/Subdivision DRIVE W. CLOVE LAKE St Rd Av/Lot \_\_\_\_\_  
1. Owner 2. Builder 3. Installer 4. Developer 5. Realtor 6. Other Code 12 Issued

Name of Applicant DLAMITH Last Name of Applicant F. I. M. I. \_\_\_\_\_ Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Permit Issuance 1 Regular 2 Local Variance 3. State Variance 4 Local Waiver Option \_\_\_\_\_

Type of System 1 New 2 Replacement 3. Expansion 4 Experimental. \_\_\_\_\_ Code \_\_\_\_\_ Units \_\_\_\_\_ Design Fee 2

System to Serve 1 Single (Res) 3 Mobile Home 5 School 2 Multi-Fam (Res) 4 Commercial 6 Other (Specify) \_\_\_\_\_ Code \_\_\_\_\_ Units \_\_\_\_\_ Design Fee 7

Complete System (Tank with) 1 Trench 3 Chamber 5 Special System (Includes one Waterless Toilet) 2 Bed 4. Mound (\$25 Each)\* \_\_\_\_\_ Code \_\_\_\_\_ Quant \_\_\_\_\_ Fee 2.5

Treatment Tank (only) 1 Septic (\$10 each) 2 Aerobic (\$10 each) 3 Holding (\$20 each) \_\_\_\_\_ Code \_\_\_\_\_ Quant \_\_\_\_\_ Fee \_\_\_\_\_

Disposal Area (only) 1. Trench 2 Bed 3 Chamber 4 Mound 5 Other (\$20 each)\* (Specify) \_\_\_\_\_ Code \_\_\_\_\_ Quant \_\_\_\_\_ Fee \_\_\_\_\_

Waterless Toilets 1 Pit Privy 2 Vault Privy 3 Compost Toilet (\$10 each) \_\_\_\_\_ Code \_\_\_\_\_ Quant \_\_\_\_\_ Fee \_\_\_\_\_

Other Systems 1 Laundry Waste 2 Separated Chamber(s) (\$10 each) \_\_\_\_\_ Code \_\_\_\_\_ Quant \_\_\_\_\_ Fee \_\_\_\_\_

STATE OFFICE USE ONLY Signature of LPI \_\_\_\_\_ Administrative Fee 3

Date Received \_\_\_\_\_ Receipt Number \_\_\_\_\_ Money Receiver \_\_\_\_\_ Total or Double Fee 2.2

Administrative Code \_\_\_\_\_ Form 200 \_\_\_\_\_ LPI to Insert soil Category (L) \_\_\_\_\_ (#) \_\_\_\_\_ Double Fee 1. Yes \_\_\_\_\_

This "Subsurface Sewage Disposal Permit" is invalid if work is not commenced within six (6) months from date of issuance. HHE-210-377  
Upon completion of work a "Certificate of Approval" must be obtained.  
Original—To be sent to: Department of Human Services, Division of Health Engineering 221 State Street, Augusta, Maine 04333  
\*Refer to Sec. 2 & for Fee Schedule on Systems over 2000 Gall/Day



