

Town: **UMBERLAND** Street, Road, etc.: **BRUCE HILL ROAD** Permit No. _____ Date _____
 If on water body, give name _____
 Name of property: **Stanley Brown Bruce Hill Bl. Co.** Owners address: _____ Size of lot: **35000** Acres: _____
 Is lot Zoned? Yes No Type of Zoning: Residential Commercial Resource Protection
 Name of applicant: **Stanley Brown** 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: **West** Tel. No.: _____
 Main: **829-3817** Subdivision name: **BRUCE HILL ACRES** Lot No.: **4**
 Applicant's signature: **Stanley Brown** Date: **1/16/75**
 Application is for: New System Expanded System Replacement System Replacement of _____ Treatment Tank Only Disposal Area Only
 Water supply for this property is: Dug well, depth _____, lining _____; Drilled well, depth _____, lining _____; Spring depth _____, lining _____; Surface water Body, Course, with disinfection, without disinfection.

Soil 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.

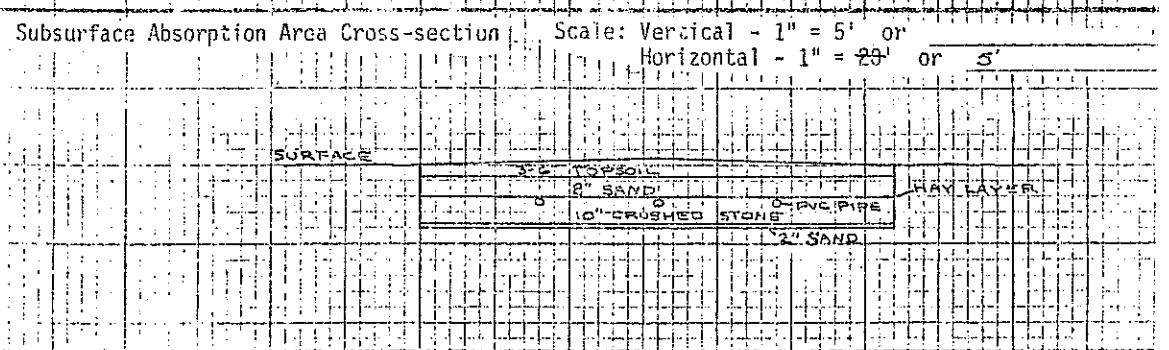
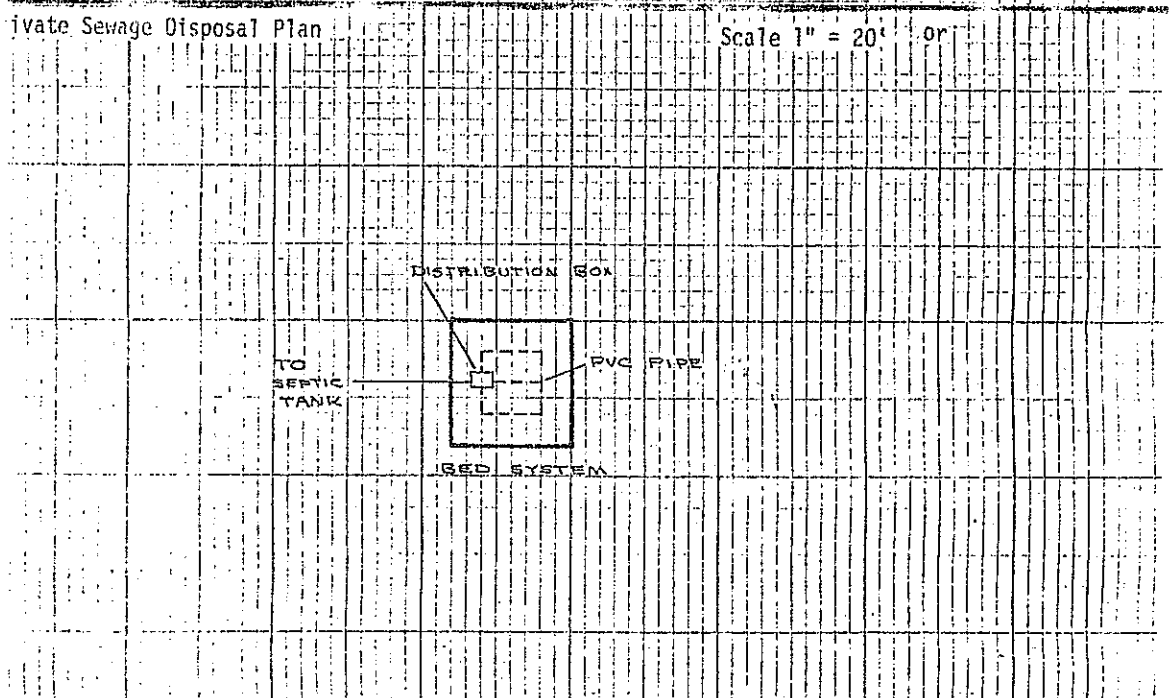
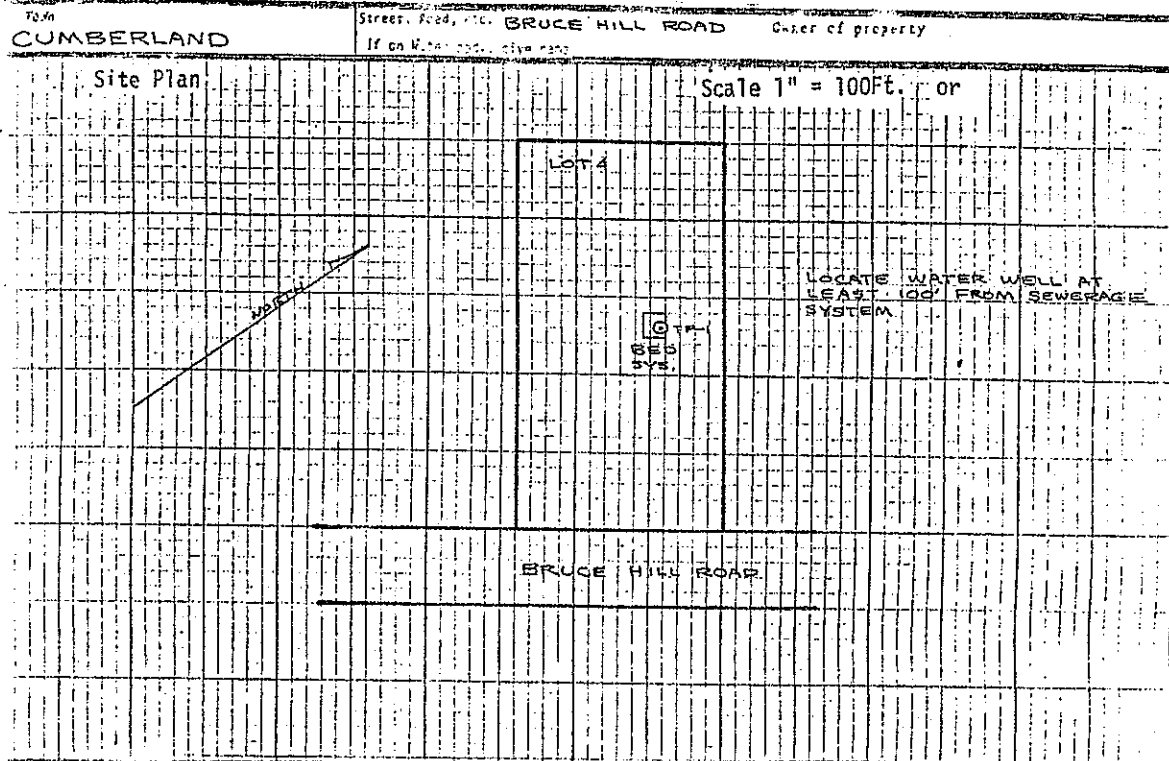
Soil Profile No.	Soil Profile No.	Soil Profile No.	Soil Profile No.	Soil Profile No.
<input checked="" type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring
Organic strata PINE NEEDLES Inches: 1	Organic strata Inches	Organic strata Inches	Organic strata Inches	Organic strata Inches
1st strata ROOTY SANDY LOAM Inches: 8	1st strata Inches	1st strata Inches	1st strata Inches	1st strata Inches
2nd strata LOAMY SAND Inches: 6	2nd strata Inches	2nd strata Inches	2nd strata Inches	2nd strata Inches
3rd strata GRAVEL Inches: 34	3rd strata Inches	3rd strata Inches	3rd strata Inches	3rd strata Inches
Total depth of observation hole Inches: 49	Total depth of observation hole Inches	Total depth of observation hole Inches	Total depth of observation hole Inches	Total depth of observation hole Inches
Max. Ground water table - mottling Inches: <input checked="" type="checkbox"/> None Evident	Max. Ground water table - mottling Inches: <input type="checkbox"/> None Evident	Max. Ground water table - mottling Inches: <input type="checkbox"/> None Evident	Max. Ground water table - mottling Inches: <input type="checkbox"/> None Evident	Max. Ground water table - mottling Inches: <input type="checkbox"/> None Evident
Impervious layer, clay, etc. Inches: <input checked="" type="checkbox"/> None Evident	Impervious layer, clay, etc. Inches: <input type="checkbox"/> None Evident	Impervious layer, clay, etc. Inches: <input type="checkbox"/> None Evident	Impervious layer, clay, etc. Inches: <input type="checkbox"/> None Evident	Impervious layer, clay, etc. Inches: <input type="checkbox"/> None Evident
Bedrock Inches: <input checked="" type="checkbox"/> None Evident	Bedrock Inches: <input type="checkbox"/> None Evident	Bedrock Inches: <input type="checkbox"/> None Evident	Bedrock Inches: <input type="checkbox"/> None Evident	Bedrock Inches: <input type="checkbox"/> None Evident
Surface slope: 0-3 %	Surface slope: %	Surface slope: %	Surface slope: %	Surface slope: %
Soil Group & Condition per Table 9-1 of the Code, II: GR-6 CO-B	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

On **1-15-75** (date), a site investigation for this project was completed. I supervised 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: **1000**. I also recommend the proposed private sewage disposal system layout and location shown in page 2.
 Signature: **Richard A. Sweet**
 Registration/Certification Number: **100**
 Date signed: **1-16-75**

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

SYSTEM: <input checked="" type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM If separated system, type of human waste disposal system to be used: <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 _____ See Chapter 9 of the Code, II.	TREATMENT TANK: <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Manufacturer: _____ Size in gallons: 1000 <input type="checkbox"/> Aerobic Tank Manufacturer: _____ Model No.: _____ Size in gallons: _____	SUBSURFACE ABSORPTION AREA: Type: <input type="checkbox"/> French System: Total trench Length: _____ <input checked="" type="checkbox"/> Bed System Length: 16' Width: 16' <input type="checkbox"/> Chamber System Number: _____ <input type="checkbox"/> Type A <input type="checkbox"/> Single Fills <input type="checkbox"/> Cluster <input type="checkbox"/> Round System, Length: _____ Width: _____ at base <input type="checkbox"/> Special System Length: _____ Width: _____ <input type="checkbox"/> Non-discharge system Bed Length: _____ Width: _____ Holding Tank Size: _____ Gal. Manufacturer: _____ <input type="checkbox"/> Alarm device provided, type: _____		SITE MODIFICATION: Fill is <input type="checkbox"/> required, <input checked="" type="checkbox"/> not required Fill will be _____ inches deep DETAILS: <input checked="" 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, stream, stream, river); swamps; marshes; and bays. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 200 feet from any and all wells and springs producing 2000 gallons or more of water per day and from public water supplies.
		PROPERTY/LOT LOCATION MAP 		FOR THE USE OF LPI ONLY <input type="checkbox"/> Denial: Application is denied for following reasons; portions of the Code II are cited: <input type="checkbox"/> Form is incomplete (pg.) as to _____ <input type="checkbox"/> General Info. <input type="checkbox"/> Site Investigation <input type="checkbox"/> System Proposed. <input type="checkbox"/> Site Plan, <input type="checkbox"/> Disposal System Plan, <input type="checkbox"/> Cross-Section, <input type="checkbox"/> Statement. See Section 2.2. <input type="checkbox"/> Site Investigation indicates site is _____ totally unsuitable for disposal system; Sections 4.5 and 4.6, Table 9-1 Group 9 and 10. <input type="checkbox"/> Unsuitable for system proposed; Sections 4.3, 4.6, 4.8, Table 9-1. <input type="checkbox"/> System Proposed does not conform to Code; See Sections 9. <input type="checkbox"/> Site Investigation indicates site modifications are necessary; See Sections 4.3, 4.4, 4.5, 4.6, 4.7, 4.8. <input type="checkbox"/> Miscellaneous _____ See Section _____ <input checked="" type="checkbox"/> Acceptance: Application for permit is approved <input type="checkbox"/> with condition specified, comply with Section _____ <input type="checkbox"/> without condition.

Location: _____
 Signed LPI: **Richard A. Sweet** Date: **1, 3, 6, 75** HHC-200 1/75



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

Signature Required HHE-200

Date: 1/21/83
 Applicant: [Signature]
 Owner: [Signature]