PROPERTY ADDRESS

Wales

off Leeds Jct. Rd.

PROPERTY OWNERS NAME

Buckley First Hugh

Applicant Name: RFD1 Box 1335

Mailing Address of Owner/Applicant (If Different): Sabattus, Maine

WALES PERMIT # 63 APPLICA

Date Permit Issued: 7.3.86 $40 FEE

Deborah J. Miller Local Plumbing Inspector Signature

L.P.I. # 1749

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER SIX MONTHS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

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 Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant — Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature — Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. ☑ NEW SYSTEM
2. ☐ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ SEASONAL CONVERSION
5. ☐ EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. ☑ NO RULE VARIANCE REQUIRED
2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form
   ☐ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
3. ☐ Requiring Local Plumbing Inspector Approval
4. ☐ Requires State and Local Plumbing Inspector Approval

INSTALLATION IS:

COMPLETE SYSTEM

1. ☑ NON-ENGINEERED SYSTEM
2. ☐ PRIMITIVE SYSTEM (Includes Alternative Toilet)
3. ☐ ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

4. ☐ TREATMENT TANK (ONLY)
5. ☐ HOLDING TANK
6. ☐ ALTERNATIVE TOILET (ONLY)
7. ☐ NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS:

1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER _____

DISPOSAL SYSTEM TO SERVE:

1. ☑ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

TYPE OF WATER SUPPLY

Private Well Proposed

SIZE OF PROPERTY: 5A±

ZONING: -

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☑ SEPTIC: ☑ Regular ☐ Low Profile
2. ☐ AEROBIC

SIZE: 1000 GALS

WATER CONSERVATION

1. ☑ NONE
2. ☐ LOW VOLUME TOILET
3. ☐ SEPARATED LAUNDRY SYSTEM
4. ☐ ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

1. ☑ NOT REQUIRED
2. ☐ MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
3. ☐ REQUIRED

DOSE: _____ GALS

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

4 Bedroom Single Family Dwelling

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 5 CONDITION: C

DEPTH TO LIMITING FACTOR: 24"

SIZE RATINGS USED FOR DESIGN PURPOSES

1. ☐ SMALL
2. ☑ MEDIUM
3. ☐ MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. ☐ BED 1000 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: _____ (GALLONS/DAY)

SITE EVALUATOR STATEMENT

☐ SITE EVALUATION WAIVED BY LOCAL OPTION

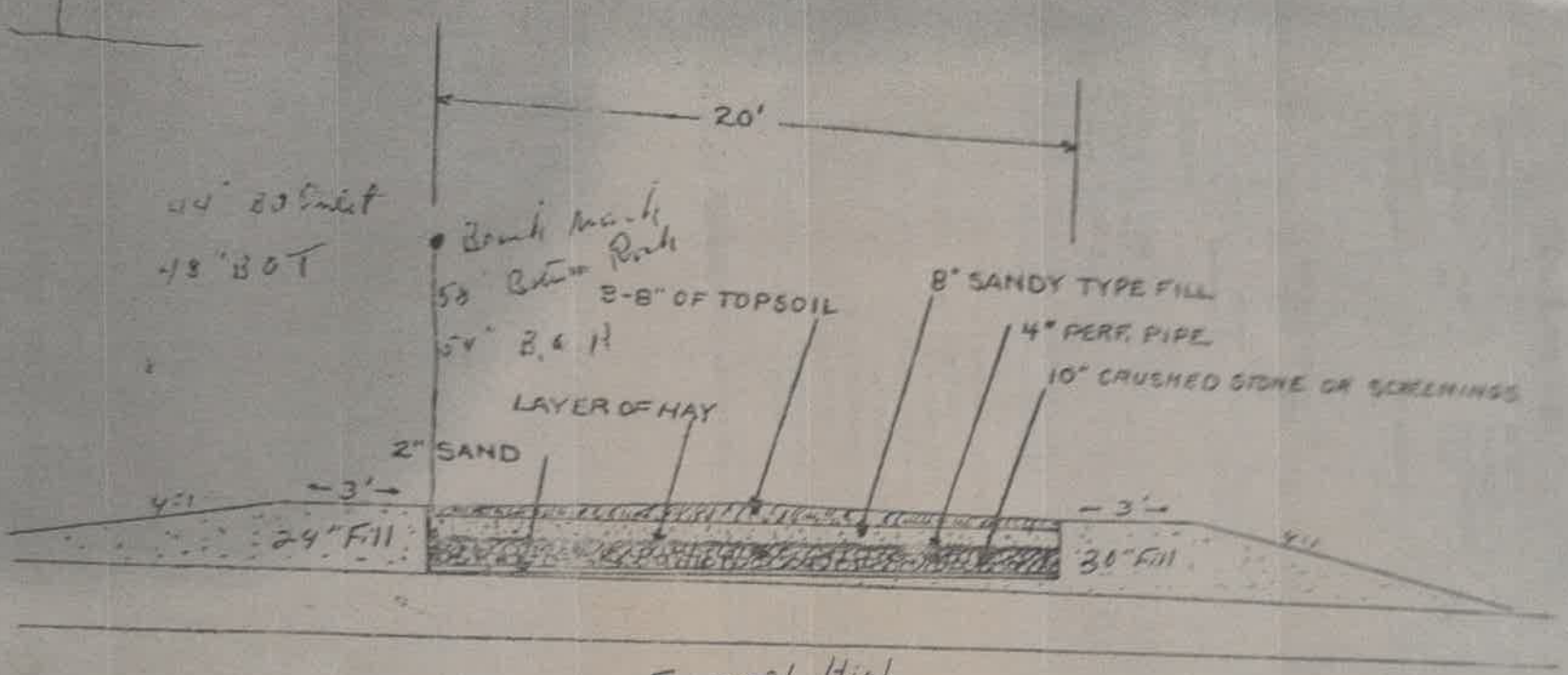
On 6-9-86 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Daniel N Bro — Site Evaluator Signature

45 — SE#

6-30-86 — Date

Local Plumbing Inspector Signature if a Local Site Evaluation Waiver under a Local Option



% SLOPE 2-3

DIRECTION
OF SLOPE →

MAIN - LAND DEVELOPMENT
CONSULTANTS, INC.

DATE 6-30-86	DRAWN BY SMS	APPROVED BY
SCALE 1" = 5'	REVISED	

CROSS SECTION - BED SYSTEM

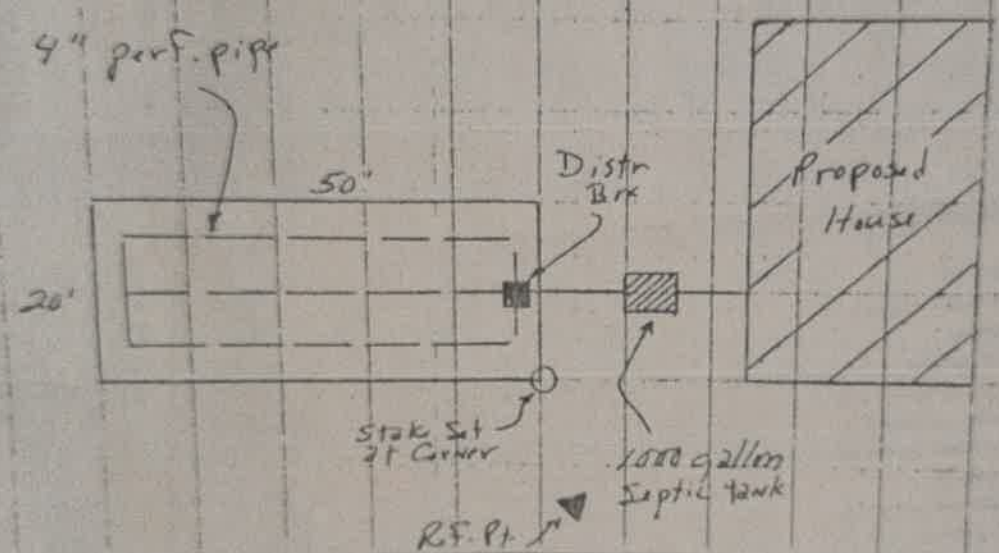
NAME Hugh Buckley
TOWN Wales

ATTACHMENT TO: WWF-20

Off Leeds Jct. R... Hugh Buckley

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
of Fill (Upslope)	24"	Reference Elevation is	100.0'	Nail w/red flag in dwl hand
of Fill (Downslope)	30"	Bottom of Disposal Area	95.0'	17' N 37° W of stake
		Top of Distribution Lines or Chambers	96.0'	

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = Ft.

Horizontal: 1 inch = Ft.

See Attached X-Section

Town of Wales, Maine
APPLICATION for BUILDING PERMIT

No 1683

Map & Lot Number
R6-21

Please Note: Where indicated copies of **SEPTIC SYSTEMS DESIGNS & Permits - PLUMBING PERMITS - PLOT PLANS** indicating locations of the building and the location of the **SEPTIC SYSTEM** and **WELL** must accompany this application and shall be retained by the Town.

APPLICATION is herewith submitted for:

_____ New Construction _____ Single Family _____ Multiple Family Dwelling _____ Units

_____ Addition to present building(s) Mobile Home (_____) Garage (✓)

_____ Modify present building(s) _____ Barn (Type _____ Size 36 X 36)

✓ On Slab _____ with frost wall _____ with knee wall _____ Full Basement

Type of Heating: _____ Oil Fired _____ Electric _____ Solid Fuel

Contractor _____ Architect _____

Applicant- Hazel V. Buckley

RR #1 Box 1615 Leeds Me. 04263 Plot Number R6-21

Telephone 946-5777

Application rec'd 8,13,91 Approved Denied 8,13,91 Permit Issued 8,13,91

Projected Cost _____ Fee Collected $ 82.60

Participating in the above action By the Planning Board

Ralph Sanborn
Kenneth Foss
James A. Mann

Pd in Full

Remarks: -

A & L LABORATORY INC.

CHEMICAL ANALYSIS & CONSULTING

P.O. Box 1507
3100 Hotel Road
Auburn, Maine 04211-1507

Telephone
(207) 784-5354
Fax
(207) 782-5561

CERTIFICATE OF ANALYSIS

DATE SAMPLED: Apr 22, 2004 TIME SAMPLED 06:40 pm **SAMPLE NO: 117566**

DATE RECEIVED: Apr 23, 2004 TIME RECEIVED 08:00am DATE REPORTED: Apr 28, 2004

CLIENT INFORMATION: Paul Griesbach
57 Main St
Lisbon Falls, Me 04252

PROPERTY TESTED: NOT GIVEN - SAMPLE POINT – KITCHEN
27 Green Rd
Wales, Me

THIS WATER IS RATED AS: **SATISFACTORY with NOTATION**

PARAMETERS	*METHOD NO.*	*LIMITS*	*RESULTS*
Total Coliform	9222*/9223*	ABSENT [0/100ml]	ABSENT
E.coli	9222*/9223*	ABSENT [0/100ml]	ABSENT
Nitrite-N	4500-NO2B*	1.0 mg/L	<0.10 mg/L
Nitrate-N	4500-NO3D*	10.0 mg/L	<1.0 mg/L
pH	4500-H+B*	6.5-8.5	7.4 pH units
Copper	3111B*	1.3 mg/L	<0.05 mg/L
Manganese	3111B*	0.05 mg/L	<0.02 mg/L
Iron	3111B*	0.30 mg/L	0.05 mg/L
Chloride	4500-ClB*	250 mg/L	24 mg/L
Hardness	2340C*	500 mg/L	76 mg/L
Sodium	3111B*	100 mg/L	1.6 mg/L
Lead-Source	3113B*	0.015 mg/L	<0.001 mg/L
Arsenic	3113B*	0.05 mg/L	**0.035** mg/L

For an explanation of your water test result please see number(s) 1,9. on the attached *EXPLANATION SHEET.* All other numbers listed on the EXPLANATION SHEET do not apply to this water sample. The rating for this water test is based on the results of the above parameters.

mg/L=milligrams per liter ml=milliliters <=less than >=greater than SCU=Standard Color Unit TON=Threashold Odor Number
NOTE: " * " means a NELAC accredited parameter

Jonathan T. Dyer, Lab Director
A&L LABORATORY INC.