# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

## PROPERTY ADDRESS

| | |
|---|---|
| Town Or Plantation | Augusta |
| Street Subdivision Lot # | Old Belgrade Rd |

## PROPERTY OWNERS NAME

Last: Dill First: Jim

| | |
|---|---|
| Applicant Name: | (Same) |
| Mailing Address of Owner/Applicant (If Different) | RFD 3 Box 902 Augusta, 04330 |

MLI

AUGUSTA PERMIT # 793 TOWN COPY

Date Permit Issued: 7/17/86 $ 15.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 180A

## 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 7/17/86

## 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 8-11-86

## 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

| SIZE OF PROPERTY | ZONING |
|---|---|
| ~ 80 Ac. | Rural |

### TYPE OF WATER SUPPLY

Proposed Drilled Well

## 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: 110 GALS.

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

5 Bedroom minimum flow = 450

### SOIL CONDITIONS USED FOR DESIGN PURPOSES

| PROFILE | CONDITION |
|---|---|
| 7 | C |

DEPTH TO LIMITING FACTOR: 19

### SIZE RATINGS USED FOR DESIGN PURPOSES

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

### DISPOSAL AREA TYPE/SIZE

1. ☑ BED 1500 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: 450 (GALLONS/DAY)

## SITE EVALUATOR STATEMENT

☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

On 6/25/86 (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.

Site Evaluator Signature — SE# 201 — Date 6/30/86

* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Option

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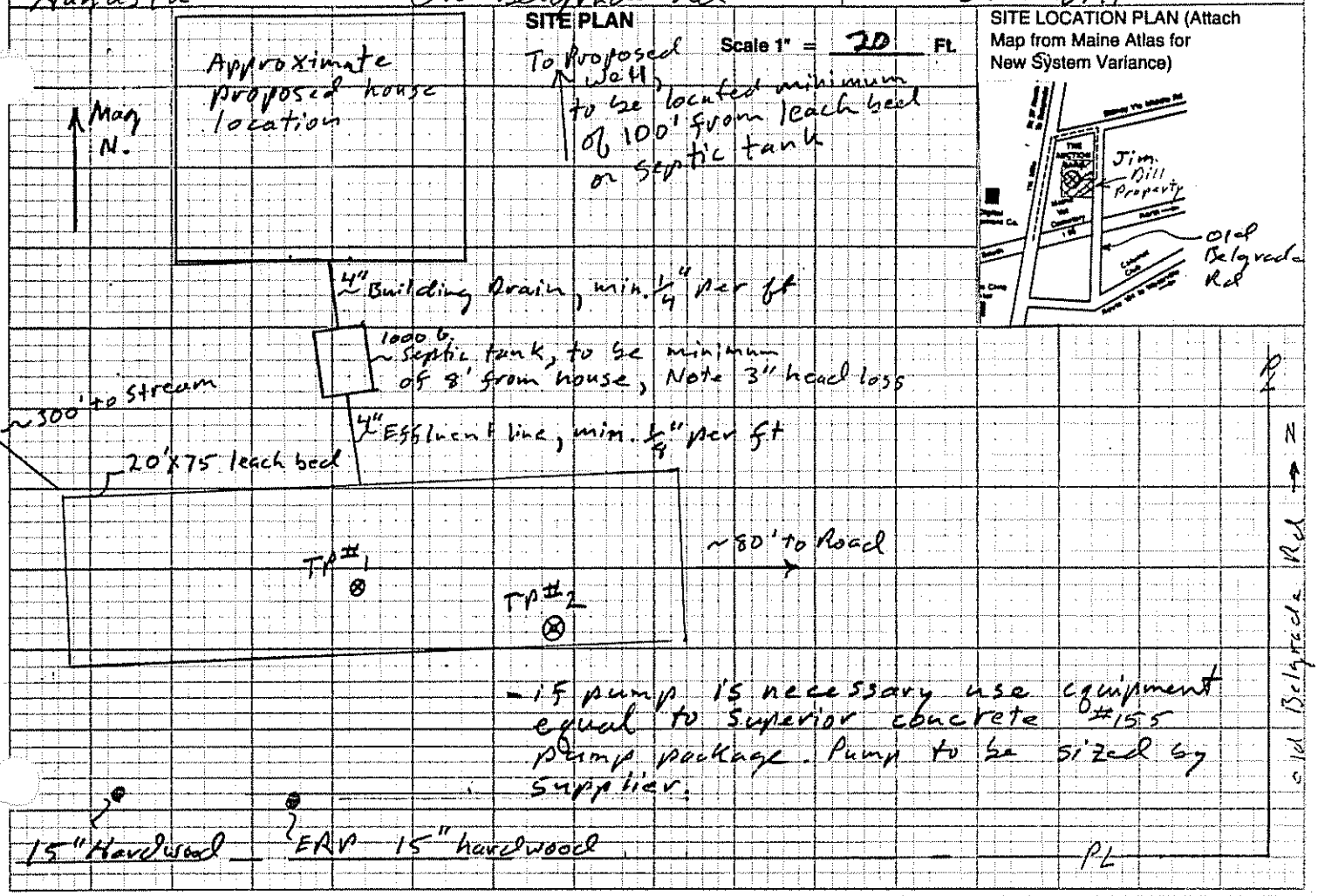
Division of Health Engineering

| Town, City, Plantation | Street, Road, Subdivision | Owners Name |
|---|---|---|
| Augusta | Old Belgrade Rd | Jim Dill |

**SITE PLAN** Scale 1" = 20 Ft.




SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)




## SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole TP 1 ☑ Test Pit ☐ Boring

3" org " Depth of Organic Horizon Above Mineral Soil

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–6 | Sandy loam | Loose | Med Br. | |
| 6–10 | Fine Sand | Friable | Lt. yl. Br. | |
| 10–15 | | | | |
| 15–20 | Med Sand | Firm Lenses | Lt. yl. Br. + Sand Gray | mottling at various depth |
| 20–30 | med Sand | Firm Lenses | Sand Grey | |
| 30–40 | Silt Loam | V. Firm | olive | |
| 40–50 | | | | |

| Soil | Classification | Slope | Limiting Factor | |
|---|---|---|---|---|
| 7 Profile | C Condition | 4 % | 19" | ☑ Ground Water ☐ Restrictive Layer ☐ Bedrock |

Observation Hole TP 2 ☑ Test Pit ☐ Boring

3" " Depth of Organic Horizon Above Mineral Soil

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–6 | Sandy loam | Loose | Med Br | |
| 6–10 | Fine Sand | Very friable | lt. yl. br. | |
| 10–15 | med Sand | Very friable | Sand Gr. | |
| 15–20 | med Sand | Friable | Sand Gr. | Faint |
| 20–30 | Silt loam | V. firm | olive | |
| 30–40 | | | | |
| 40–50 | | | | |

| Soil | Classification | Slope | Limiting Factor | |
|---|---|---|---|---|
| 7 Profile | C Condition | 4 % | 19" | ☑ Ground Water ☐ Restrictive Layer ☐ Bedrock |

Harrison Bunker
Site Evaluator Signature

201
SE#

6/30/86
Date


HHE-200 Rev. 1/84

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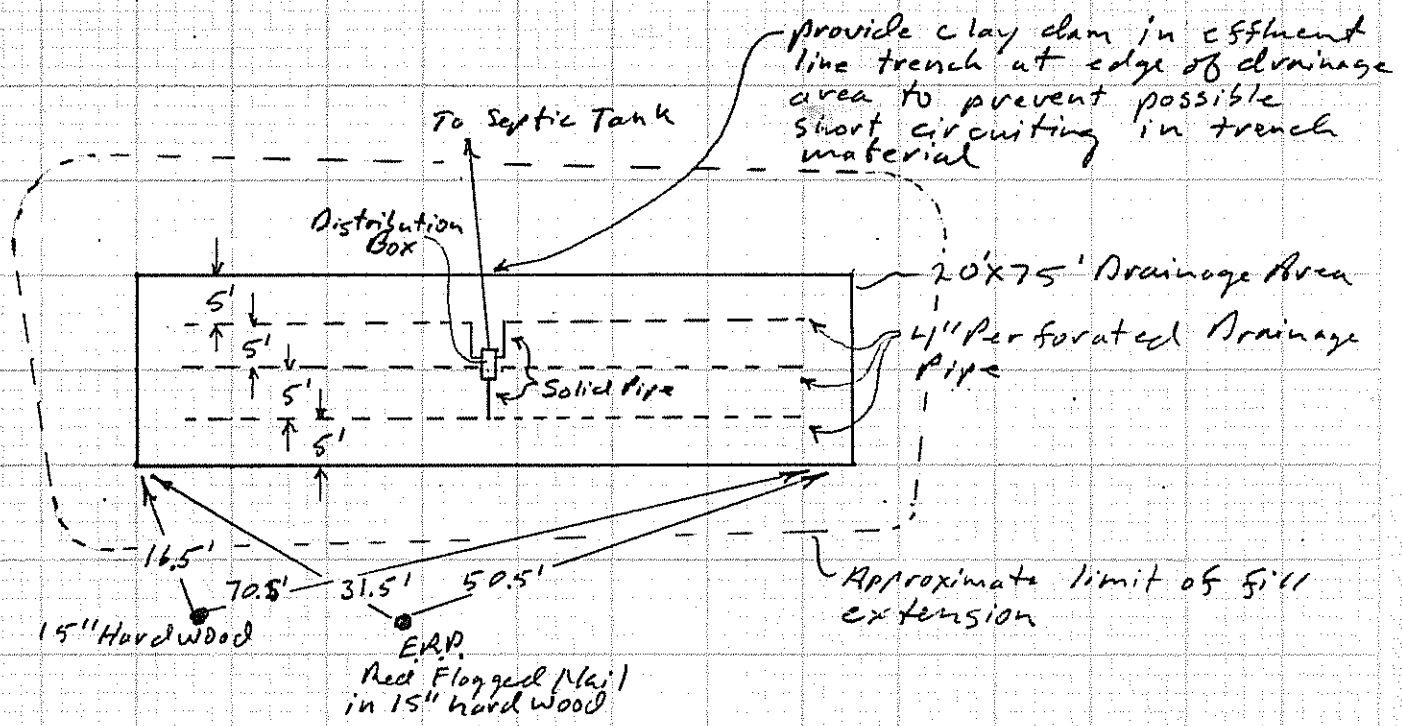
## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

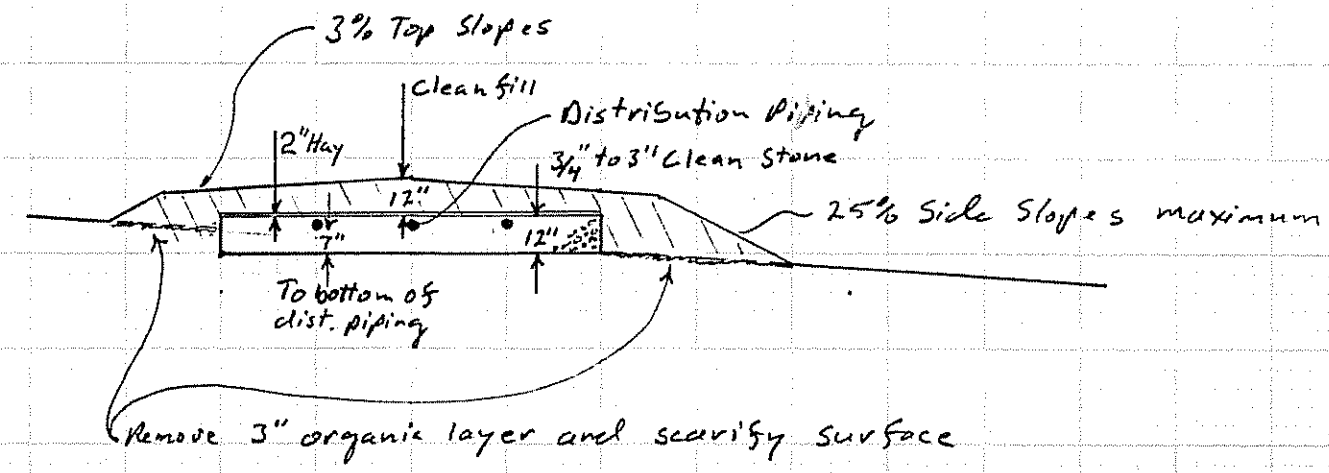
- All construction to be in accordance with State of Me. Plumbing Code.




| FILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | | ELEVATION REFERENCE POINT LOCATION & DESCRIPTION |
|---|---|---|---|---|
| Depth of Fill (Upslope) | 12" | Reference Elevation is | 0'00" | E.R.P. is double nail in Red flagged hardwood |
| Depth of Fill (Downslope) | 18" | Bottom of Disposal Area | - 62" | |
| | | Top of Distribution Lines or Chambers | - 51" | |

## DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 5' Ft.
Horizontal: 1 inch = 10' Ft.




Site Evaluator Signature: Harrison Bingham
SE#: 201
Date: 6/30/86