

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Subdivision Lot #	WILSON ST.
PROPERTY OWNERS NAME	
Last: STAPLES	First: TIMOTHY
Applicant Name:	- SAME -
Mailing Address of Owner/Applicant (If Different)	40 WILLIS WAELOCK RD. BOX 252 GARDNER, ME 04345

MIL40 OK for Permit

AUGUSTA CIVIL PERMIT # 1,118 TOWN COPY

Date Permit Issued: 7/27/87

Fee: \$40.00

NE # 850

Disposal system shall not be installed until the owner has obtained a permit from the Department of Human Services in accordance with the applicable rules and regulations of the Maine Subsurface Wastewater Disposal Rules.

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.

Timothy Staples 7/27/87
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

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>SEASONAL CONVERSION</p> <p>to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input checked="" type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>
<p>SIZE OF PROPERTY: 3.25 ACRES</p> <p>ZONING: RESIDENTIAL</p>	<p>TYPE OF WATER SUPPLY</p> <p>PROPOSED DRILLED WELL</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1,000 GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>2 - 3 BED ROOM MOBILE HOMES @ 270 GPD</p> <p>DESIGN FLOW: 540 (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 5 CONDITION: C</p> <p>DEPTH TO LIMITING FACTOR: 36</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input checked="" type="checkbox"/> BED 1500 Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	

SITE EVALUATOR STATEMENT

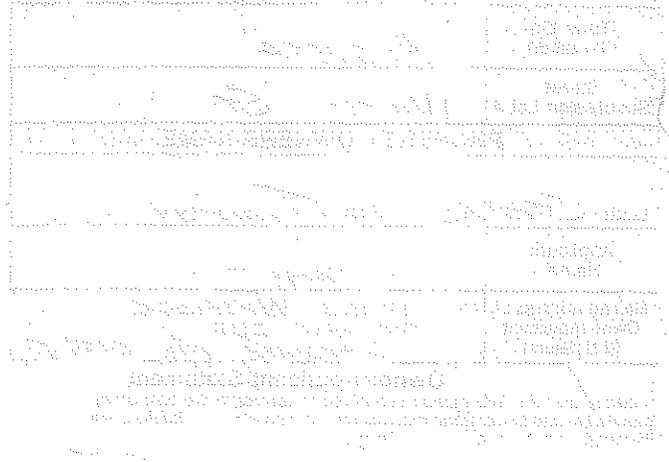
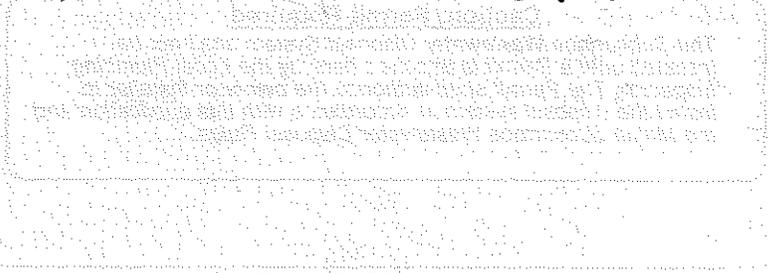
On 7-10-87 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Richard
Site Evaluator Signature
(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

RECORDED
JUL 23 1987
Date: 7-20-87

8-10-87. inspected drainage field only

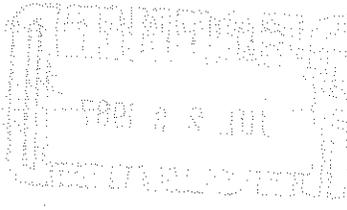
Tanks not installed M.R.T.



TYPE OF WATER SUPPLY	GENERAL SYSTEM TO WHICH	REPLACEMENT SYSTEM
1. Public supply	1. Public supply	1. Public supply
2. Private supply	2. Private supply	2. Private supply
3. Well	3. Well	3. Well
4. Spring	4. Spring	4. Spring
5. Other	5. Other	5. Other
6. Other	6. Other	6. Other
7. Other	7. Other	7. Other
8. Other	8. Other	8. Other
9. Other	9. Other	9. Other
10. Other	10. Other	10. Other

This is to certify that the above information was obtained from a visual inspection of the drainage field only. The tanks were not installed as per the original plan. The drainage field was inspected on 8-10-87.

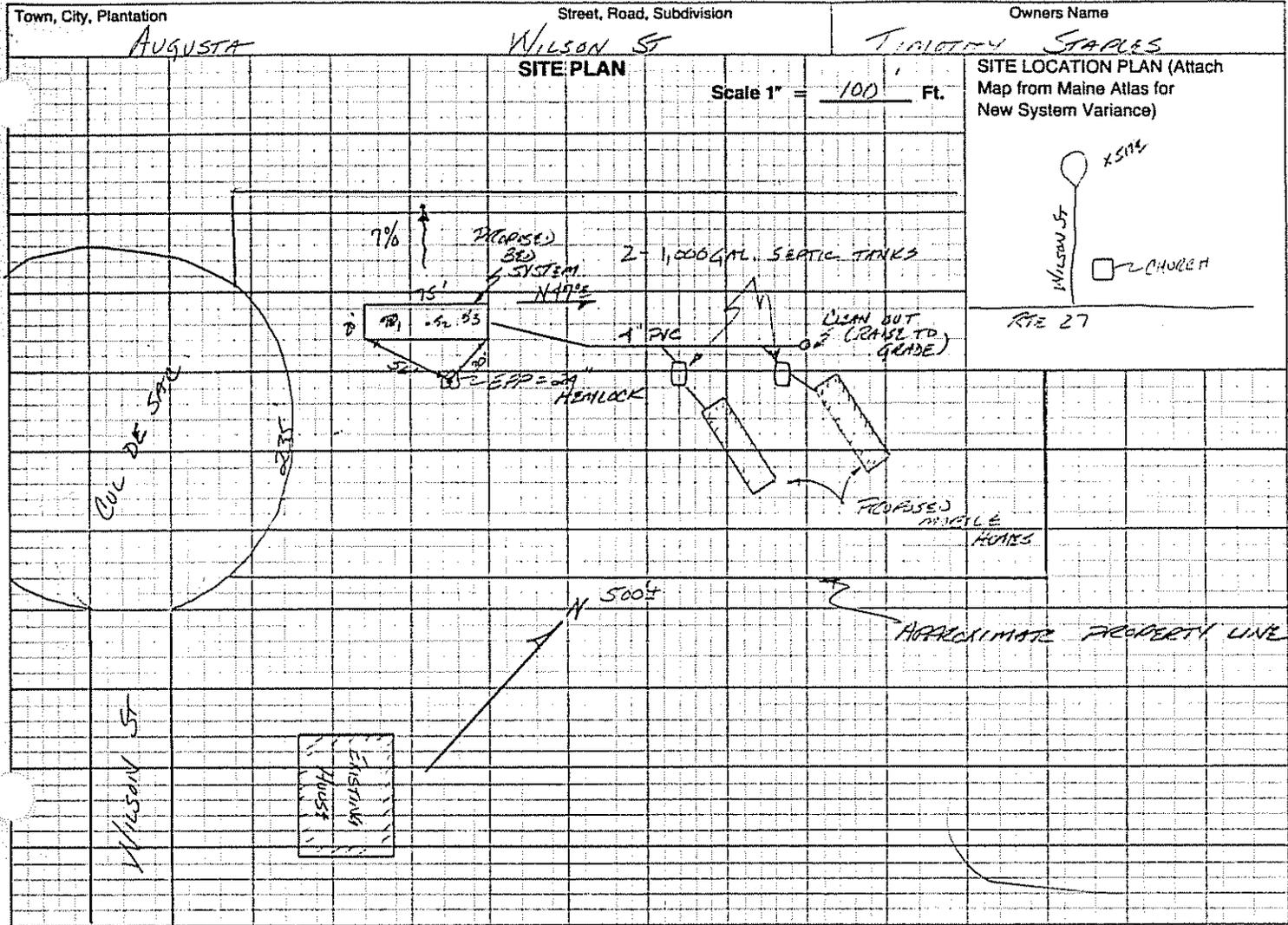
Signature: _____
 Date: _____



Signature: _____
 Date: _____

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP-1 Test Pit Boring
_____ " Depth of Organic Horizon Above Mineral Soil

Observation Hole BZ3 Test Pit Boring
_____ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	LOAMLY SAND	FRAGILE	REDDISH	NONE
6			BROWN	
10	FINE SANDS			
15				
20			OLIVE	
30				
40				FEW FAINT
50				

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6	SAME		PROFILE	
10			AS TP1	
15				
20				
30				
40				
50				

Soil Profile <u>5</u>	Classification Condition <u>C</u>	Slope <u>7%</u>	Limiting Factor <u>36"</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Soil Profile <u>3</u>	Classification Condition <u>C</u>	Slope <u>7%</u>	Limiting Factor <u>36"</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Michael
Site Evaluator Signature

181
SE#

7-20-87
Date

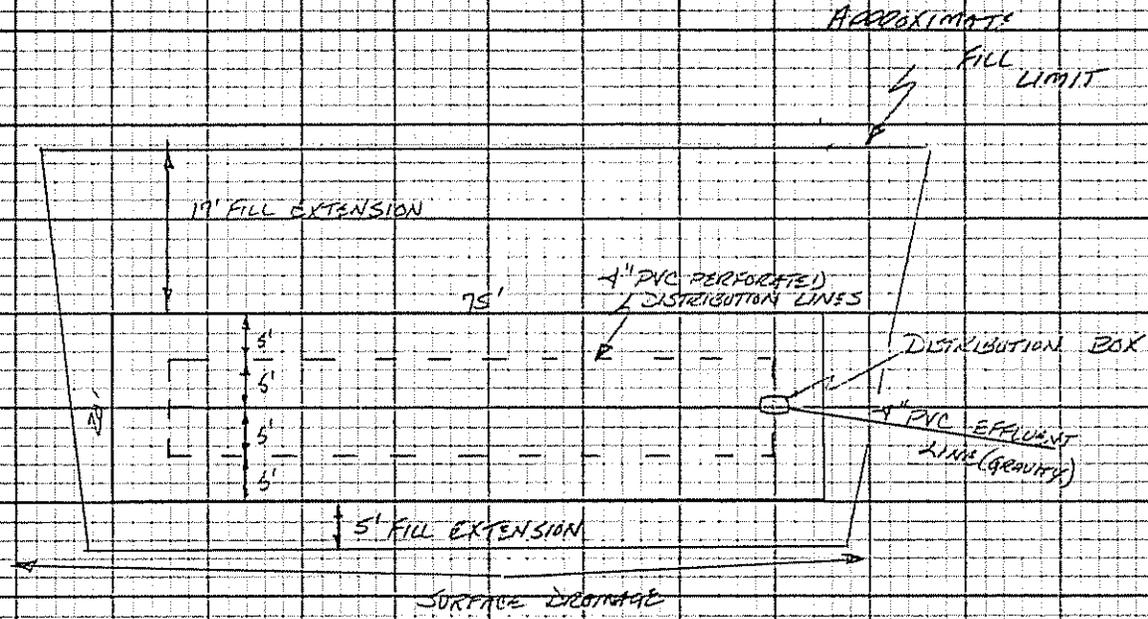
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: Augusta Street, Road, Subdivision: Wilson St Owners Name: Timothy Staples

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 12"
Depth of Fill (Downslope) 29"

CONSTRUCTION ELEVATIONS

Reference Elevation is 00"
Bottom of Disposal Area -72"
Top of Distribution Lines or Chambers -101"

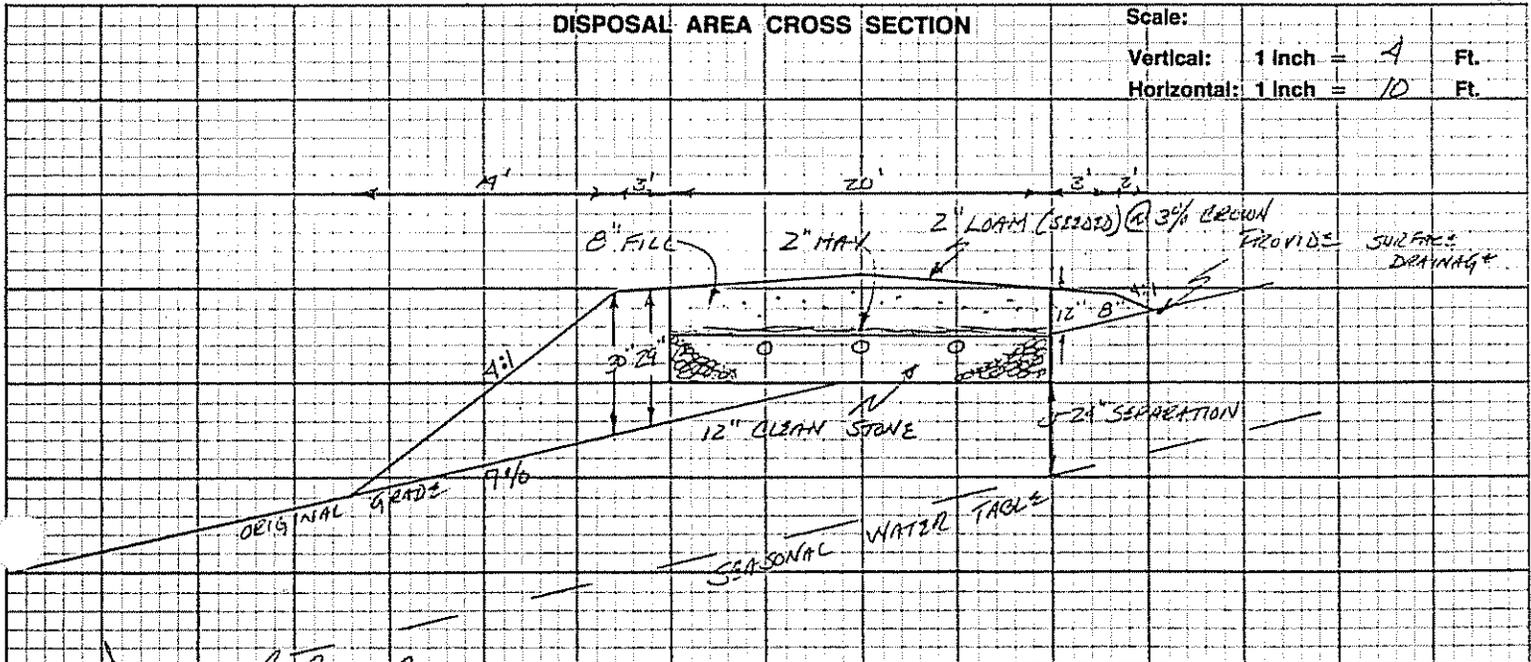
ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

FLAGGED NAIL IN 2x4"
HOMLOCK TREE (SEE SITE PLAN)

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 4 Ft.
Horizontal: 1 inch = 10 Ft.



Jim Richard
Site Evaluator Signature

181
SE#

7-20-87
Date

NOTES

1. ALL CONSTRUCTION SHALL CONFORM WITH SECTION 11-D "STATE OF MAINE-SUBSURFACE WASTEWATER DISPOSAL RULES-CHAPTER 241", AND ALL OTHER PERTINENT SECTIONS.
2. ALL FILL SHALL BE SANDY LOAM⁶ COARSER WITH SUFFICIENT FINES FOR ADEQUATE COMPACTION.
3. WELLS SHALL BE LOCATED A MINIMUM 100' FROM SUBSURFACE DISPOSAL SYSTEM.
4. PROPERTY LINES SHOWN ARE AS PROVIDED BY OWNER AND NO GUARANTEE OF ACCURACY IS IMPLIED. ACTUAL PROPERTY LINES MUST BE CONFIRMED BY SURVEY.
5. A SEPTIC TANK OUTLET FILTER IS RECOMMENDED WHEN INSTALLING A MECHANICAL GARBAGE DISPOSAL.
6. PUMP STATIONS, WHEN REQUIRED, SHALL BE INSTALLED WATERTIGHT TO PREVENT INFILTRATION OF GROUND AND/OR SURFACE WATER. FOR UNINTERRUPTED SERVICE DURING MAINTAINANCE OR REPAIR DUPLEX PUMP SYSTEMS ARE REQUIRED.
7. FORCE MAINS AND PRESSURE LINES SHALL BE FLUSHED OF ANY FOREIGN MATERIAL AND PUMPS SHALL BE CHECKED FOR PROPER ON/OFF CYCLE BEFORE BEING PUT INTO SERVICE.
8. APPLICABILITY OF DESIGN MUST BE REEVALUATED WHEN LOCATION OF STRUCTURES ARE SUBSTANTIALLY DIFFERENT THAN THOSE SHOWN ON THE SITE PLAN OR WHEN OTHER STRUCTURES, ADDITIONS, OR APPURTENANCES(IE. SWIMMING POOLS) ARE CONSIDERED.
9. SYSTEMS PUT INTO SERVICE PRIOR TO ESTABLISHING PROPER COVER SHALL BE PROVIDED WITH ADEQUATE EROSION CONTROL TO PREVENT DAMAGE TO THE SYSTEM.
10. PROVIDE LOW PROFILE SEPTIC TANK WHEN DETERMINED AS NECESSARY IN THE FIELD.
11. LOTS NOT MEETING THE REQUIREMENTS OF THE "MINIMUM LOT SIZE RULE" BUT RECORDED PRIOR TO ITS EFFECTIVE DATE REQUIRE A "MINIMUM LOT SIZE WAIVER" AS ISSUED BY THE DEPARTMENT OF HUMAN SERVICES - DIVISION OF HEALTH ENGINEERING.
12. FORCE MAINS, PUMP STATIONS, AND/OR GRAVITY PIPING SUBJECT TO FREEZING SHALL BE ADEQUATELY INSULATED.
13. THE L.P.I. SHALL INFORM THE OWNER AND DESIGNER OF ANY LOCAL ORDINANCE EXCEEDING THE RULES(CHAPT 241), PRIOR TO ISSUEING A PERMIT, SO THAT THE APPLICATION MAY BE PROPERLY AMENDED TO CONFORM TO SUCH ORDINANCES.

410 mile left red house - *Chapin*
 Department of Human Services
 Division of Health Engineering
 (207)289-3826 **87-AF**

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: Augusta

Street Subdivision Lot #: 63 Pleasant Hill Road

PROPERTY OWNERS NAME

Last: Dumond First: Rose A. & Joseph M.

Applicant Name: Same

Mailing Address of Owner/Applicant (if Different): Same, RFD 2

AUGUSTA *M14L 28*

Permit # 1,116 TOWN COPY

Date Permit Issued: 7/24/87 Fee: \$310.00 Double Fee Charged

Local Plumbing Inspector Signature: Hayk K. Tulku L.P.I. # 18,510

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: Joseph M. Dumond 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. EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. NO RULE VARIANCE

2. NEW SYSTEM VARIANCE
Attach New System Variance Form

3. REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form

a. Requiring Local Plumbing Inspector Approval

b. Requires State and Local Plumbing Inspector Approval

4. MINIMUM LOT SIZE VARIANCE

INSTALLATION IS:

COMPLETE SYSTEM

1. NON-ENGINEERED SYSTEM

2. PRIMITIVE SYSTEM
(Includes Alternative Toilet)

3. ENGINEERED (+ 2000 gpd)

SEASONAL CONVERSION

to be completed by the LPI

5. SYSTEM COMPLIES WITH RULES

6. CONNECTED TO SANITARY SEWER

7. SYSTEM INSTALLED - P# _____

8. SYSTEM DESIGN RECORDED AND ATTACHED

DISPOSAL SYSTEM TO SERVE:

1. SINGLE FAMILY DWELLING

2. MODULAR OR MOBILE HOME

3. MULTIPLE FAMILY DWELLING

4. OTHER _____ SPECIFY _____

INDIVIDUALLY INSTALLED COMPONENTS:

4. TREATMENT TANK (ONLY)

5. HOLDING TANK _____ GAL

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: 65±

THE FAILING SYSTEM IS:

1. BED 3. TRENCH Probably

2. CHAMBER 4. OTHER: _____

SIZE OF PROPERTY: 25± Ac.

ZONING: _____

TYPE OF WATER SUPPLY

A.W.O.

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. SEPTIC: Regular Low Profile

2. AEROBIC

SIZE: _____ 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
(DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)

3. REQUIRED

DOSE: _____ GALS.

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

4 Bedrooms

RECEIVED

JUL 24 1987

DESIGN FLOW: 360 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 8 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 _____ Sq. Ft.

2. CHAMBER _____ Sq. Ft.

REGULAR H-20

3. TRENCH _____ Linear Ft.

4. OTHER: 720 Infiltrators

SITE EVALUATOR STATEMENT

On July 23, 1987 (date) I Completed 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: J. Wierendang SE# 35 Date: 7/23/87

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

Page 1 of 3
HHE-200 Rev. 11/86

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering **B7-AE**

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

63 Pleasant Hill Rd. Dumond,

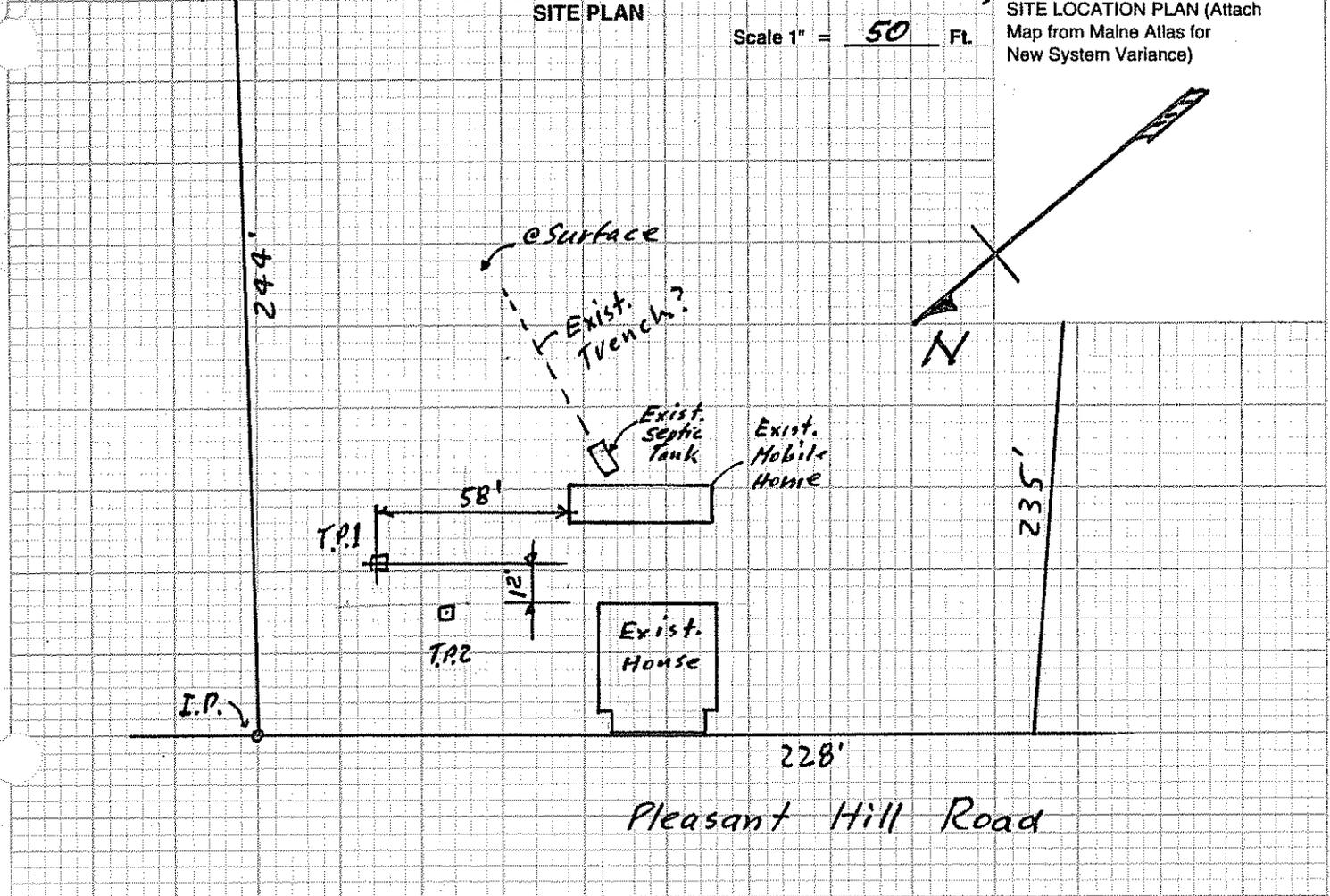
Owners Name

Rose A. + Joseph M.

SITE PLAN

Scale 1" = **50** 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 TP1 Test Pit Boring

0 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Loam	Friable	Brown	Mottles
6				
10	Loam	Friable	Tan	
15				
20	Loam	Friable	olive	
25	silty clay loam	Firm	Gray	Rest.
30				
40				
50				

Soil Profile B	Classification Condition C	Slope 5±%	Limiting Factor 24	<input checked="" type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Observation Hole TP2 Test Pit Boring

0 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				same as TP1
6				
10				
15				
20				Other Borings this area about the same
30				
40				
50				

Soil Profile	Classification Condition	Slope %	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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J. Weindang
Site Evaluator Signature

SE# 35
SE#

7/23/87
Date

