M1 L41C

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

04295737

## PROPERTY ADDRESS

Town Or Plantation: AUGUSTA 22 Fig Vallee Lane

Street: New Belgrade Rd

Subdivision Lot #: RT. # 27 LOT. # B

## PROPERTY OWNER'S NAME

Last: VALLEE First: TOM

Applicant Name: SAME

Mailing Address of Owner/Applicant (If Different): R.R. #1 BOX 6175 OAKLAND, ME. 04963

AUGUSTA 3212 TOWN COPY

Date Permit Issued: 5 4 95 $ 60 ☐ If Double Fee Charged FEE

Local Plumbing Inspector Signature L.P.I. # 850

## 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.

Lola A Vallee 5-3-95

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 6/5/95 Date Approved

## PERMIT INFORMATION

### THIS APPLICATION IS FOR:

1. ✓ NEW SYSTEM
2. ☐ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ EXPERIMENTAL SYSTEM

### 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

### IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS

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

SIZE OF PROPERTY: 3.28 AC. ZONING: RURAL

### 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. ☐ Requires Local Plumbing Inspector Approval
   b. ☐ Requires State and Local Plumbing Inspector Approval
4. ☐ MINIMUM LOT SIZE VARIANCE

### DISPOSAL SYSTEM TO SERVE:

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

### 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 _____ GAL.
6. ☐ ALTERNATIVE TOILET (ONLY)
7. ☐ NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

### TYPE OF WATER SUPPLY

PRIVATE

## 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 & ELEVATION)
3. ☐ REQUIRED

DOSE: _____ GALS.

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

3 BEDROOM

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE: 3 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 900 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: 270 G.P.D. (GALLONS/DAY)

## SITE EVALUATOR STATEMENT

On 4/30/95 (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.

John A. Philbrick, Licensed Site Evaluator 256 SE# 5/01/95 Date

Approved for use as HHE 200 by Division of Health Engineering 9/87

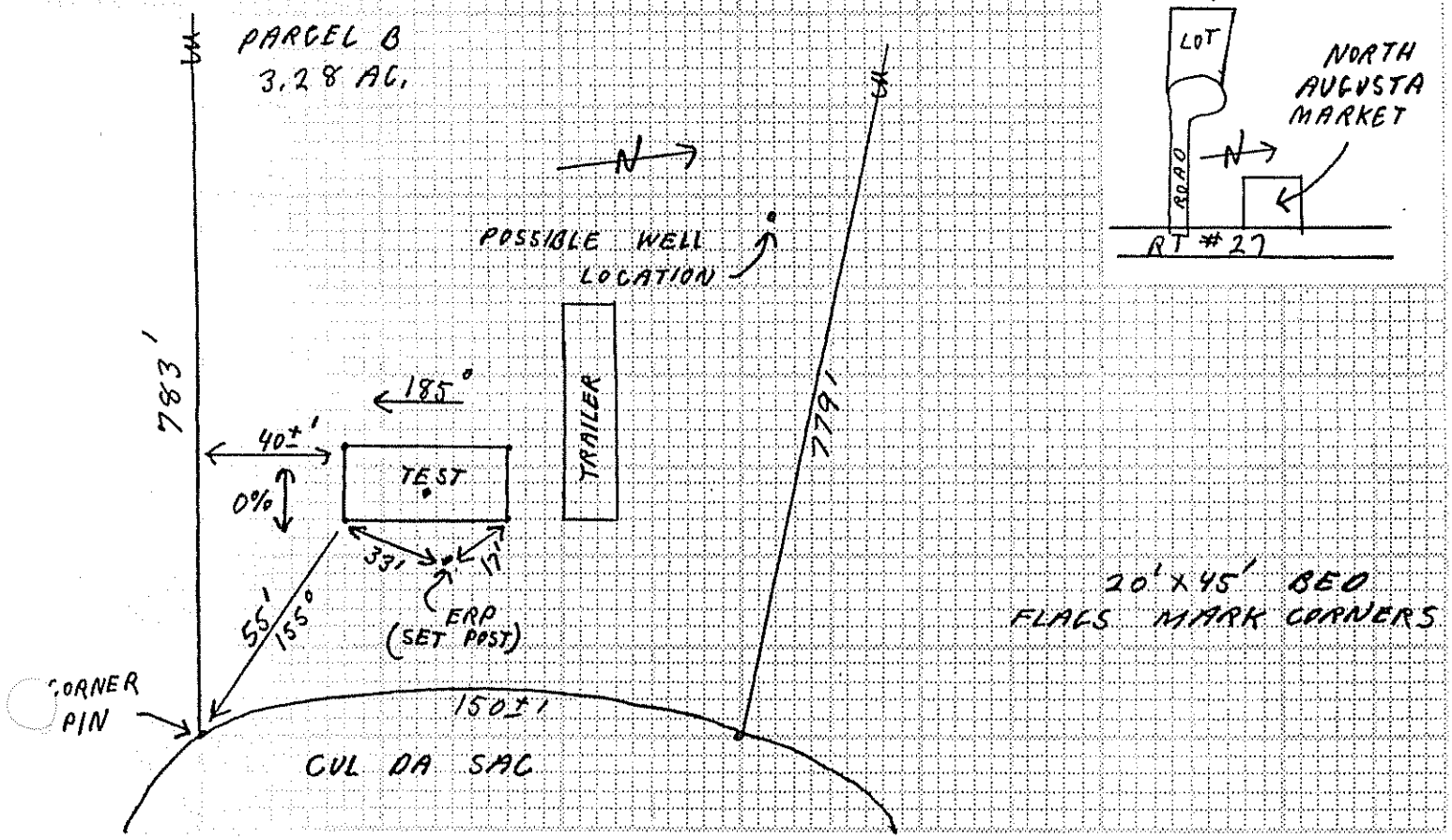
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

04295737

| Town, City, Plantation | Street, Road, Subdivision | Owner's Name |
|---|---|---|
| AUGUSTA | RT. #27 LOT 8 | TOM VALLEE |

## SITE PLAN

Scale: 1" = 50 Ft. or as shown




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




## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 ☑ Test Pit ☐ Boring

1" Depth of Organic Horizon Above Mineral Soil

| Inches | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0 | SANDY | FRIABLE | DARK BR. | NONE |
| 6 | LOAM | | ORANGE BR. | |
| 10 | LOAMY | | YELLOW BR. | |
| 15 | SAND | | | |
| 20 | | FIRM | GRAY | COMMON DISTINCT |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

Depth Below Mineral Surface

| Soil Profile | Classification Condition | Slope | Limiting Factor | |
|---|---|---|---|---|
| 3 | C | 0 % | 24" | ☑ Ground Water ☑ Restr. Layer ☐ Bedrock |

Observation Hole _____ ☐ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil

| Inches | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0 | | | | |
| 6 | | | | |
| 10 | | | | |
| 15 | | | | |
| 20 | | | | |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

Depth Below Mineral Surface

| Soil Profile | Classification Condition | Slope | Limiting Factor | |
|---|---|---|---|---|
| | | % | | ☐ Ground Water ☐ Restr. Layer ☐ Bedrock |

Site Evaluator Signature

256
SE#

5/01/95
Date

Approved for use as HHE 200 by Division of Health Engineering 9/87

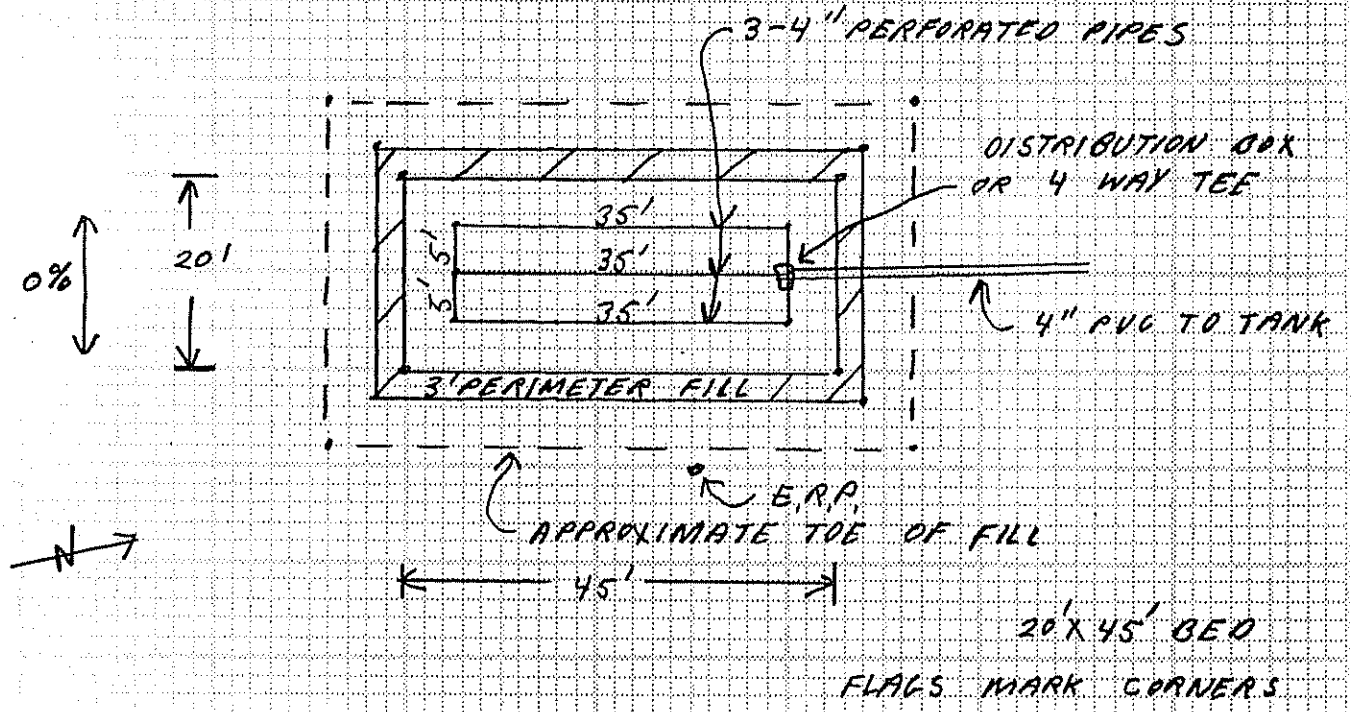
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

04295737

| Town, City, Plantation | Street, Road, Subdivision | Owner's Name |
|---|---|---|
| AUGUSTA | RT. # 27 PARCEL B | TOM VALLEE |

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft. or as shown

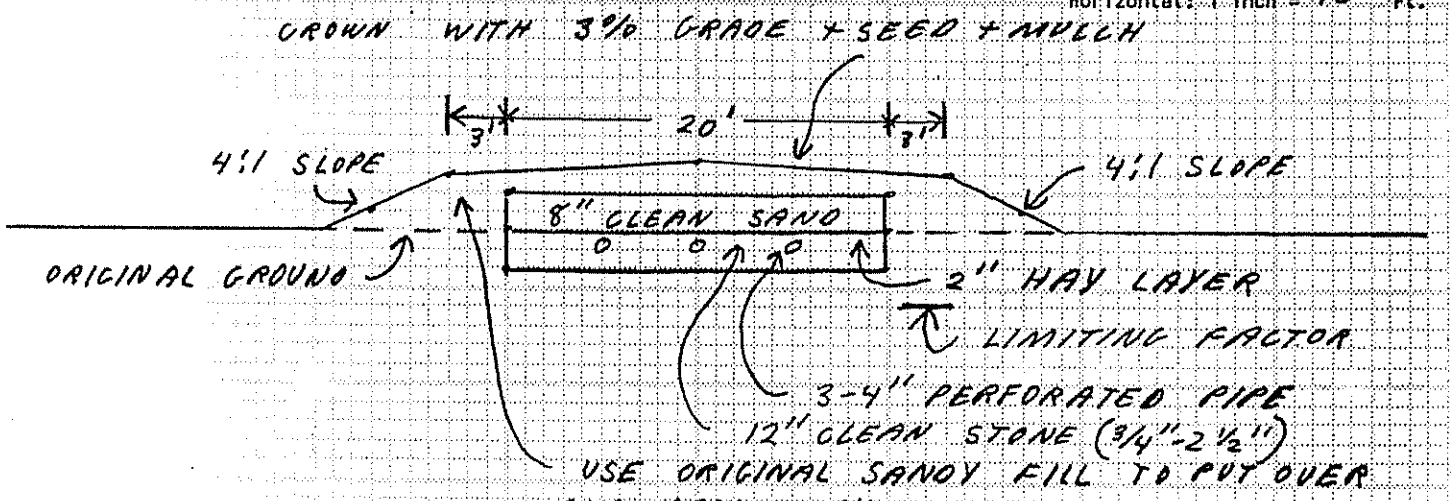



| FILL REQUIREMENTS | CONSTRUCTION ELEVATION | ELEVATION REFERENCE POINT |
|---|---|---|
| Depth of Fill (Upslope) | 10" Reference Elevation is | 0" |
| Depth of Fill (Downslope) | 10" Bottom of Disposal Area | -52" |
| | Top of Distribution Lines or Chambers | -41" |

E.R.P. IS TOP OF SET POST 10' EAST OF SYSTEM. 38" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

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




Site Evaluator Signature

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