626-0141 7AM called 10-2-98
9:10 NA
9:35 NA
621-8243 4PM called 10-5 left message

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

AUGUSTA 4043 TOWN COPY

Date Permit Issued: 10/1/98 $ 100.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature: [signature] L.P.I. # 850

PROPERTY LOCATION

Town or Plantation	AUGUSTA
Street Subdivision Lot #	RT # 27 Fig Valley Lane

PROPERTY OWNER'S NAME

Last: FEGOLI	First: SHAWN
Applicant's Name	SAME
Mailing Address of Owner	RR #6 B-4220 AUGUSTA, ME. 04330
Daytime Tel. #	

Municipal Tax Map # 1 Lot # 41-E

Owner Statement

I state that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit

[signature] 10-1-98
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 Application

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION:

1. ☑ First Time System
2. ☐ Replacement System
   Type Replaced _____
   Year Installed _____
3. ☐ Expanded System
   ☐ a. one time exempted
   ☐ b. non exempted
   ☐ Experimental System
5. ☐ Seasonal Conversion

THIS APPLICATION REQUIRES:

1. ☑ No Rule Variance
2. ☐ First Time System Variance
   ☐ a. Local Plumbing Inspector approval
   ☐ b. State & Local Plumbing Inspector approval
3. ☐ Replacement System Variance
   ☐ a. Local Plumbing Inspector approval
   ☐ b. State & Local Plumbing Inspector approval
4. ☐ Minimum Lot Size Variance
5. ☐ Seasonal Conversion Approval

DISPOSAL SYSTEM COMPONENT(S)

1. ☑ Non-Engineered System
2. ☐ Primitive System (graywater & alt toilet)
3. ☐ Alternative Toilet _____
4. ☐ Non-Engineered Treatment Tank
5. ☐ Holding Tank _____ Gallons
6. ☐ Non-Engineered Disposal Area (only)
7. ☐ Separated Laundry System
8. ☐ Engineered System (>2000 gpd)
9. ☐ Engineered Treatment Tank (only)
10. ☐ Engineered Disposal Area (only)
11. ☐ Pretreatment

SIZE OF PROPERTY

3.67 AC.

SHORELAND ZONING

☐ Yes ☑ No

DISPOSAL SYSTEM TO SERVE:

1. ☑ Single Family Dwelling Unit
2. ☐ Multiple Family Dwelling: Number of Units _____
3. ☐ Other _____

TYPE OF WATER SUPPLY

PRIVATE

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☑ Concrete
   ☑ a. Regular
   ☐ b. Low Profile
2. ☐ Plastic
3. ☐ Other _____

SIZE 1,000 Gallons

DISPOSAL AREA TYPE / SIZE

1. ☑ Bed 900 Sq. Ft.
2. ☐ Proprietary Device _____ Sq. Ft.
   ☐ Cluster ☐ Linear
   ☐ Regular ☐ H-20
3. ☐ Trench
4. ☐ Other _____

GARBAGE DISPOSAL UNIT

1. ☑ No
2. ☐ Yes
   ☐ Multi-compartment tank
   ☐ Tank in series
   ☐ Increase in tank capacity
   ☐ Filter on tank outlet

CRITERIA USED FOR DESIGN FLOW (Show Calculations)

3 BEDROOM

PROFILE & DESIGN CLASS

PROFILE	DESIGN
3	C

DEPTH TO MOST LIMITING FACTOR 17"

DISPOSAL AREA SIZING

1. ☐ Small - 2.00
2. ☐ Medium - 2.60
3. ☑ Medium-Large - 3.30
4. ☐ Large - 4.10
5. ☐ Extra-Large - 5.20

PUMPING

1. ☑ Not required
2. ☐ May be required
3. ☐ Required

DOSE _____ Gallons

DESIGN FLOW 270 GPD (Gallons/Day)

SITE EVALUATOR'S STATEMENT

On 7/22/98 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed sytem is in compliance with the Subsurface Wastewater Disposal Rules.

[signature] 256 9/25/98
Site Evaluator Signature SE # Date

JOHN PHILBRICK 547-3732
Site Evaluator Name Printed Telephone

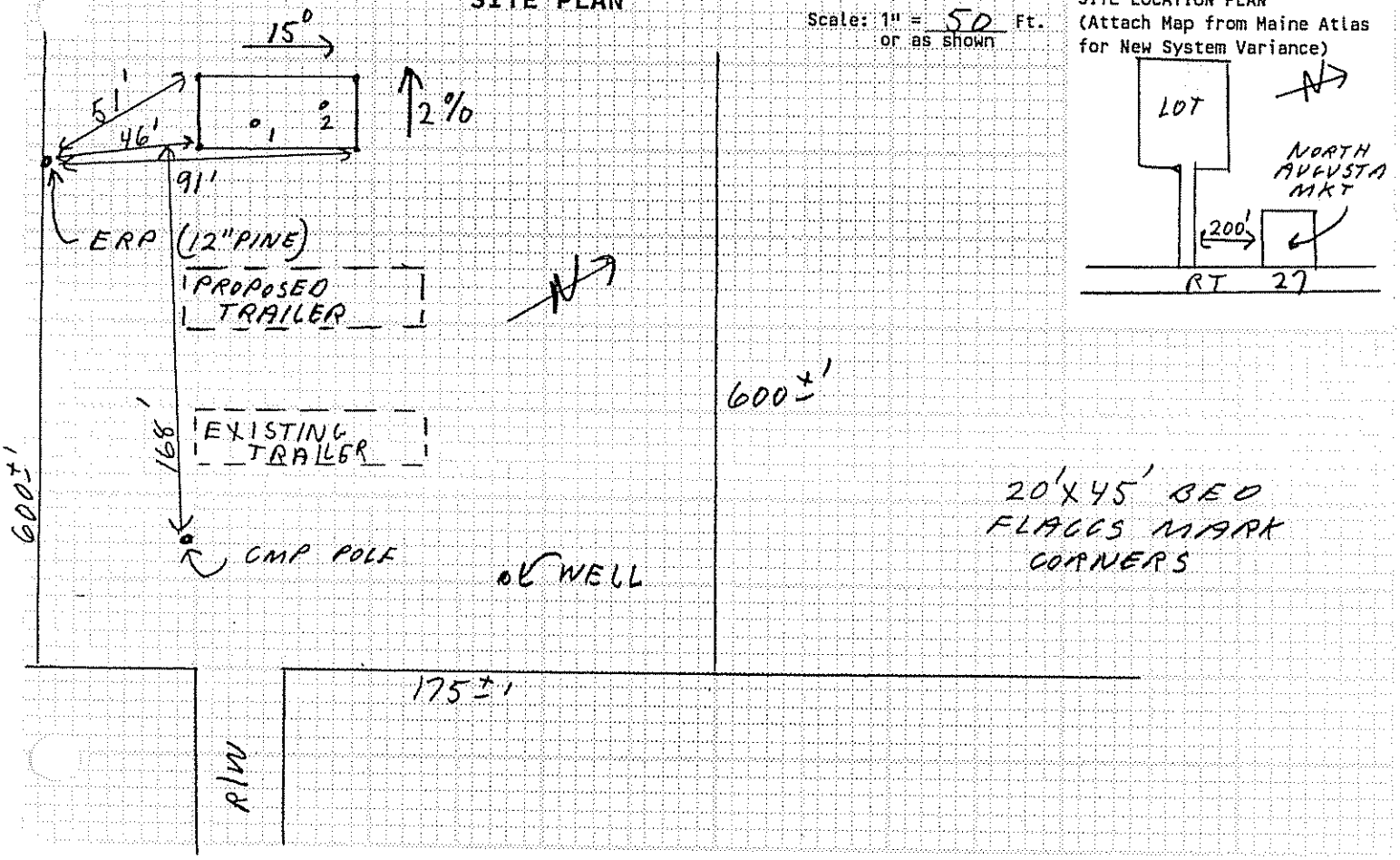
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

09278739

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	RT # 27	SHAWN FEGOLI

SITE PLAN

Scale: 1" = 50 Ft. or as shown



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 — ☑ Test Pit ☐ Boring

2± " Depth of Organic Horizon Above Mineral Soil

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

Soil Profile	Classification Condition	Slope	Limiting Factor	
3	6	2 %	17"	☑ Ground Water ☑ Restr. Layer ☐ Bedrock

Observation Hole 2 — ☐ Test Pit ☑ Boring

2± " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20		SAME	AS #1	
30				
40				
50				

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

Site Evaluator Signature

256
SE#

9/25/98
Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08246445

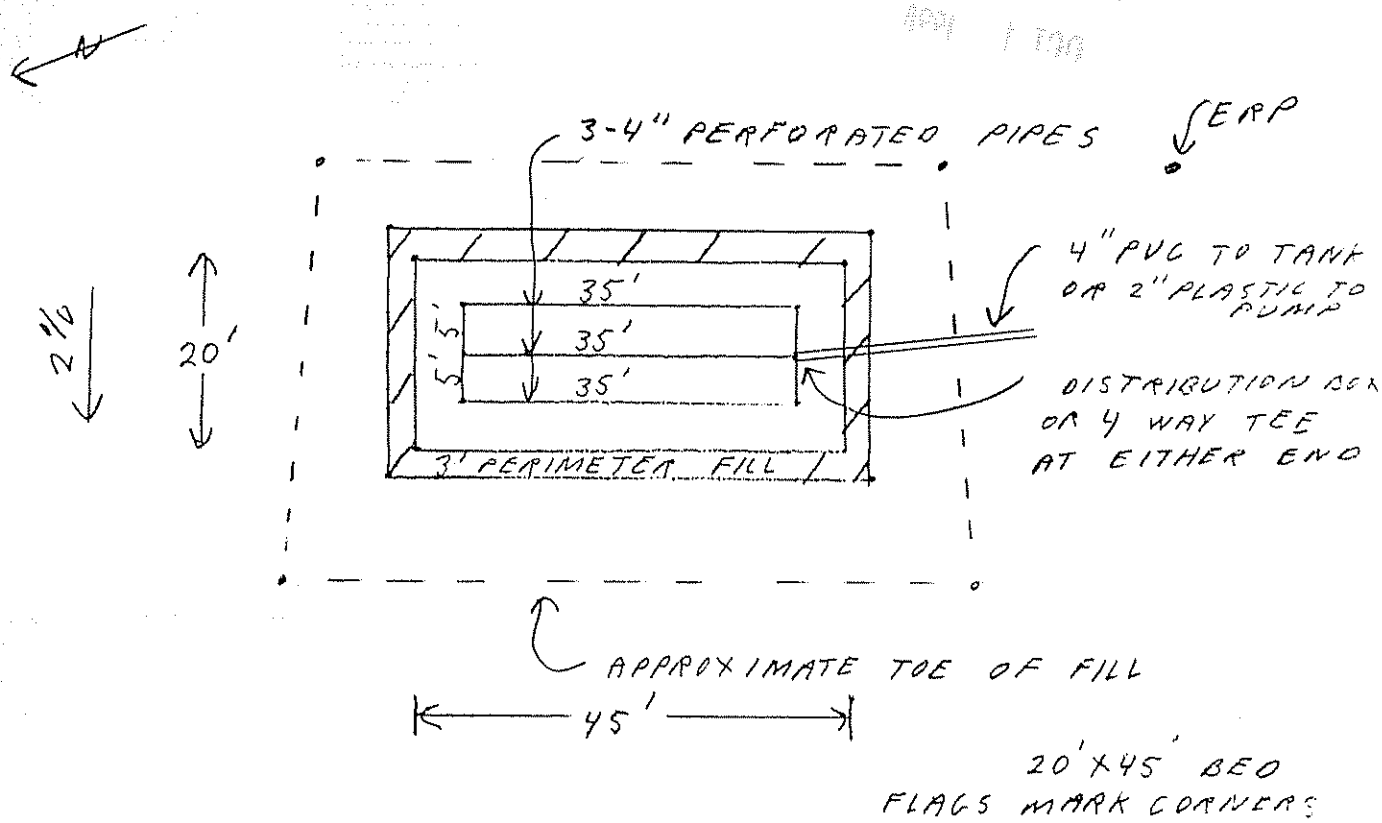
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: AT #27

Owner's Name: SHAWN FEGOLI

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft. or as shown



20'X45' BED
FLAGS MARK CORNERS

FILL REQUIREMENTS

Depth of Fill (Upslope) 19 "

Depth of Fill (Downslope) 24 "

CONSTRUCTION ELEVATION

Reference Elevation is 0 "

Bottom of Disposal Area -58"

Top of Distribution Lines or Chambers -47"

ELEVATION REFERENCE POINT

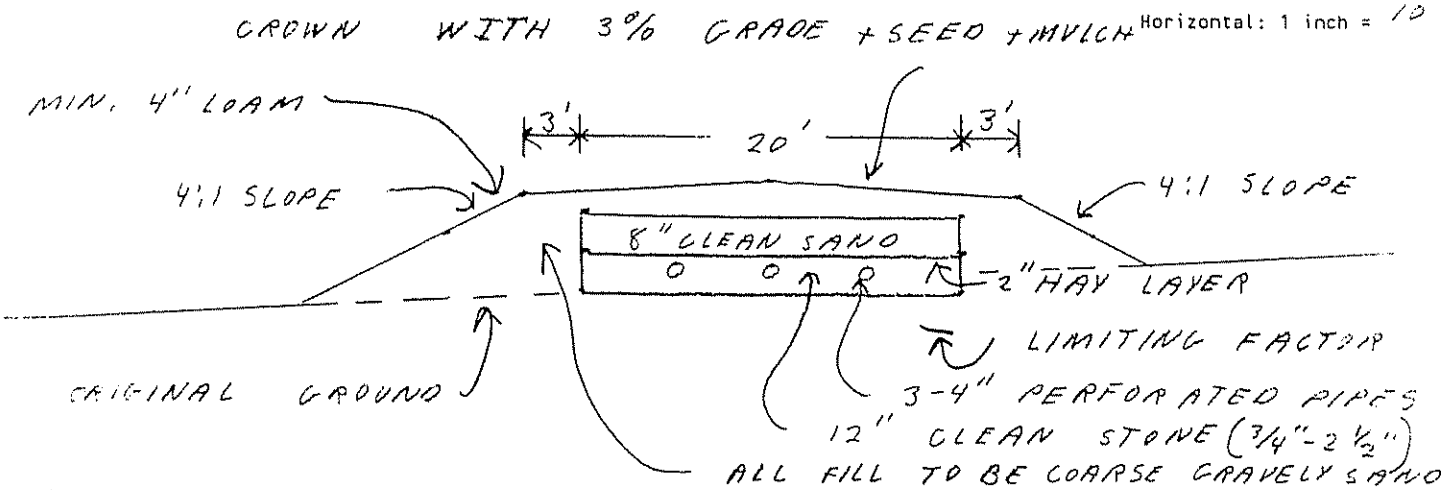
ERP IN 12" PINE, 46' SOUTH OF SYSTEM 56" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.

Horizontal: 1 inch = 10 Ft.



Site Evaluator Signature

256
SE#

9/25/98
Date

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