Map 1 Lot 103B

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

AUGUSTA 4058 TOWN COPY

Date Permit Issued: 10 23 98 $ 100.00 FEE ☐ If Double Fee Charged

L.P.I. # 850

Local Plumbing Inspector Signature

PROPERTY LOCATION

Tax or Plantation	Augusta
Street Subdivision Lot #	210 Burns Road

PROPERTY OWNER'S NAME

Last: Keene	First: Leola
Applicant's Name	Same
Mailing Address of Owner	999 River Rd, Livermore, Me 04259
Daytime Tel. #	622-5123

Municipal Tax Map # _____ Lot # _____

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

Leola Keene 10/22/98

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

Ronald [illegible] 11/12/98 [illegible]

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
4. ☐ Experimental System
   ☐ 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

1.32 Ac +-

DISPOSAL SYSTEM TO SERVE:

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

SHORELAND ZONING

☐ Yes ☑ No

TYPE OF WATER SUPPLY

To Be Drilled.

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

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

SIZE 1000 Gallons

DISPOSAL AREA TYPE / SIZE

1. ☑ Bed 525 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)

2 Bedroom @ 100 G.P.D.

Bed 15'x35'

DESIGN FLOW: 200 (Gallons/Day)

PROFILE & DESIGN CLASS

PROFILE	DESIGN
5	C

DEPTH TO MOST LIMITING FACTOR 38"

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 40 Gallons

SITE EVALUATOR'S STATEMENT

On / / (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] — Site Evaluator Signature
241 — SE #
10-15-98 — Date

Eugene Dube — Site Evaluator Name Printed
623-3223 — Telephone

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: Augusta

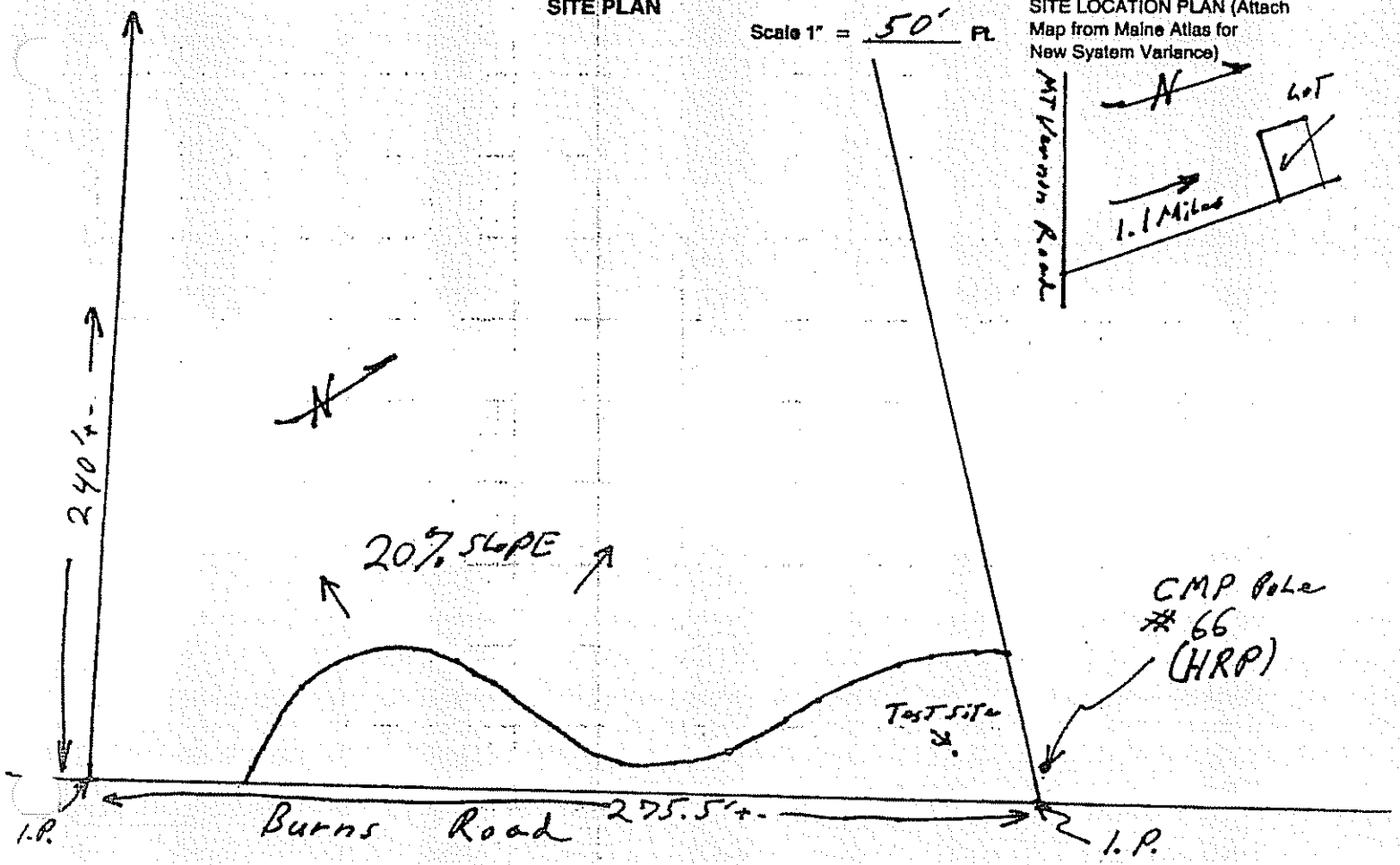
Street, Road, Subdivision: Burns Road

Owners Name: Leola Keene

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 _____ ☐ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	Loamy Sand	Friable	Brown	None
8				
10			Yellow Brn	
15	Sand			
20		Loose		
30			Olive To Gray	
40				Common Distinct
50				

Soil	Classification	Slope	Limiting Factor	
5 (Profile)	C (Condition)	04 %	38"	☑ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole _____ ☐ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil	Classification	Slope	Limiting Factor	
(Profile)	(Condition)	%		☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

Site Evaluator Signature

241
SE#

10-15-98
Date

HHE-200 Rev. 1/84

Department of Human Services
Division of Health Engineering

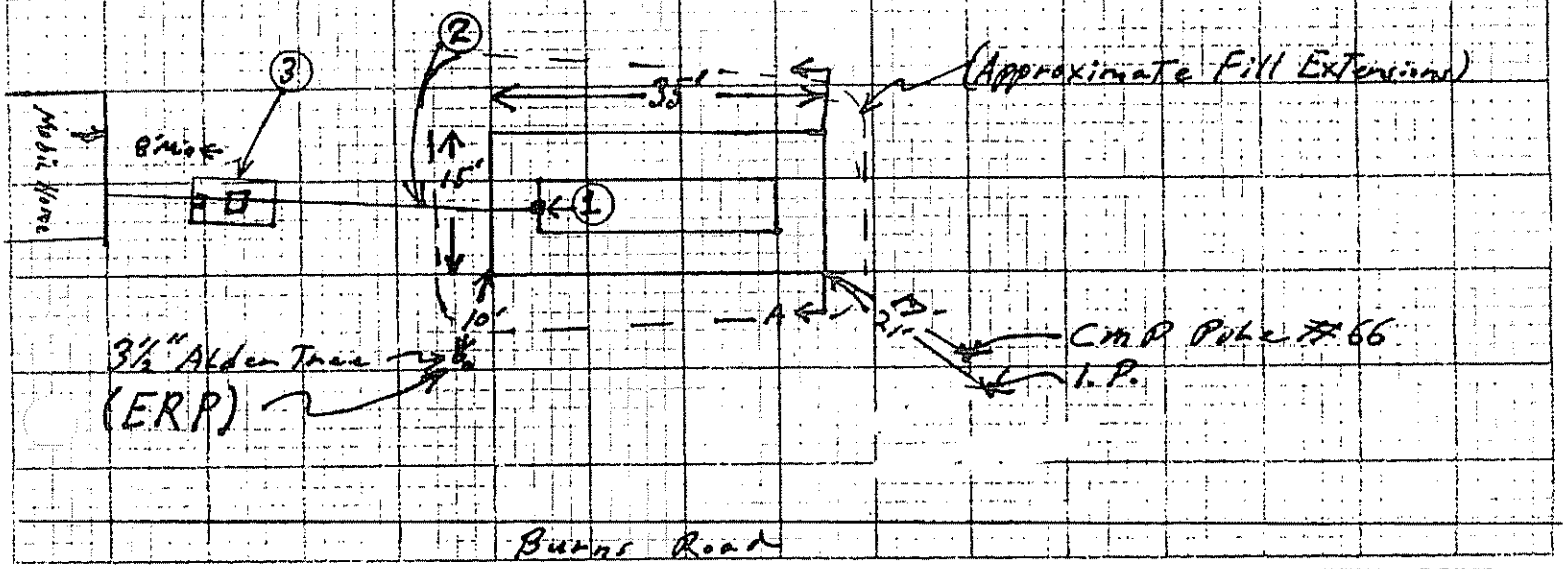
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Burns Road	Leola Keene

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

1. Small Distribution Box
2. 2" Pressure Line (Protect From Freezing)
3. 1000 Gallon Septic Tank - Pump Tank Combo With Riser on Pump Tank To Ground Level



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	10"	Reference Elevation is	0	
Depth of Fill (Downslope)	11"	Bottom of Disposal Area	-46"	Flagged Mail in 3½" Alder
		Top of Distribution Lines or Chambers	-33	Tree

DISPOSAL AREA CROSS SECTION

SEE ATTACHED
PAGE 4 Sec-A

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

Site Evaluator Signature	SE#	Date
[signature]	241	10-15-98

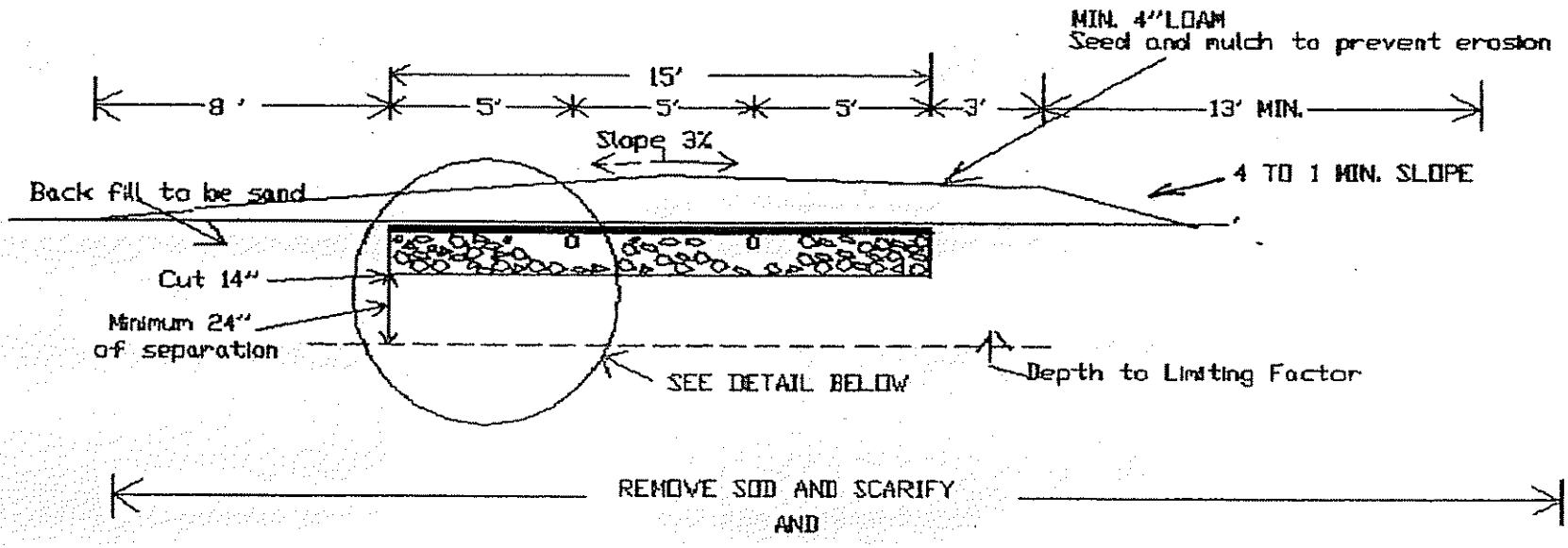
HHE-200 Rev.1/84

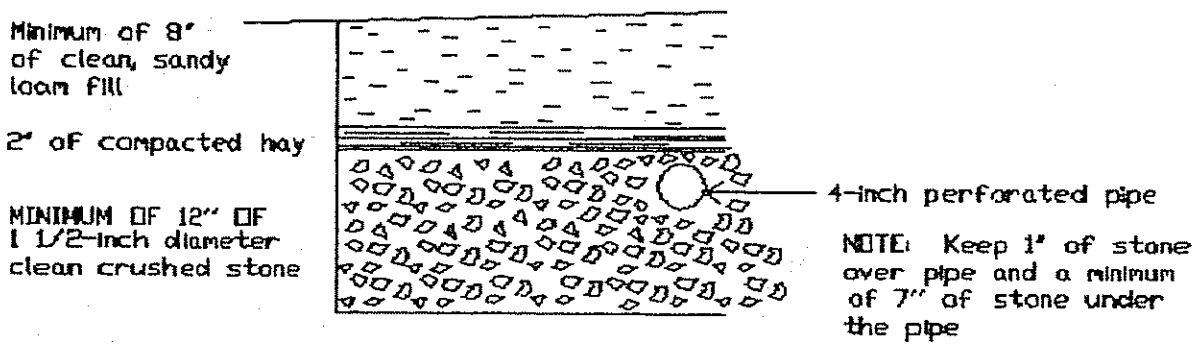
ATTACHMENT TO FORM HHE-200

Leola Keene Page 4 of 4

ELEVATIONS

Reference Elevation is - 0"
Bottom of Disposal Area is - 46"
Top of Distribution Lines is - 33"





DETAIL OF BED

Depth of Fill (Upslope) = - 10"

Depth of Fill (Downslope) = - 11"

SCALE:

Vertical: 1 inch = 5 feet
Horizontal: 1 inch = 5 feet

DATE: 10-15-98

Eugene Dube S E # 241