# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

**PROPERTY ADDRESS**

| | |
|---|---|
| Town Or Plantation | Augusta Me |
| Street Subdivision Lot # | Burns Road |

**PROPERTY OWNERS NAME**

Last: Dube First: Eugene

| | |
|---|---|
| Applicant Name: | Eugene L. Dube |
| Mailing Address of Owner/Applicant (If Different) | Route 4 Augusta Me |

AUGUSTA PERMIT # 1,610 TOWN COPY

Date Permit Issued: 11 5 23 89 $ 41.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature: Gary R. Fuller L.P.I. # 8150

**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 _____

**Caution: Inspection Required**

*I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.*

John O. Fucciarelli — Local Plumbing Inspector Signature

9.5.89 — 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 | ZONING |
|---|---|
| 2.2 Acres | 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. ☐ Requiring 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**
Spring

**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: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)
2 Bedroom Min Flow + 12 Gpd
10 Infiltrators Total

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

| PROFILE | CONDITION |
|---|---|
| 5 | B |

DEPTH TO LIMITING FACTOR: None

**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 250 Sq. Ft.
   ☑ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☑ OTHER: 10 Infiltrators

DESIGN FLOW: 192 (GALLONS/DAY)

**SITE EVALUATOR STATEMENT**

On 4-11-1989 (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# 241 Date 5-11-1989

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

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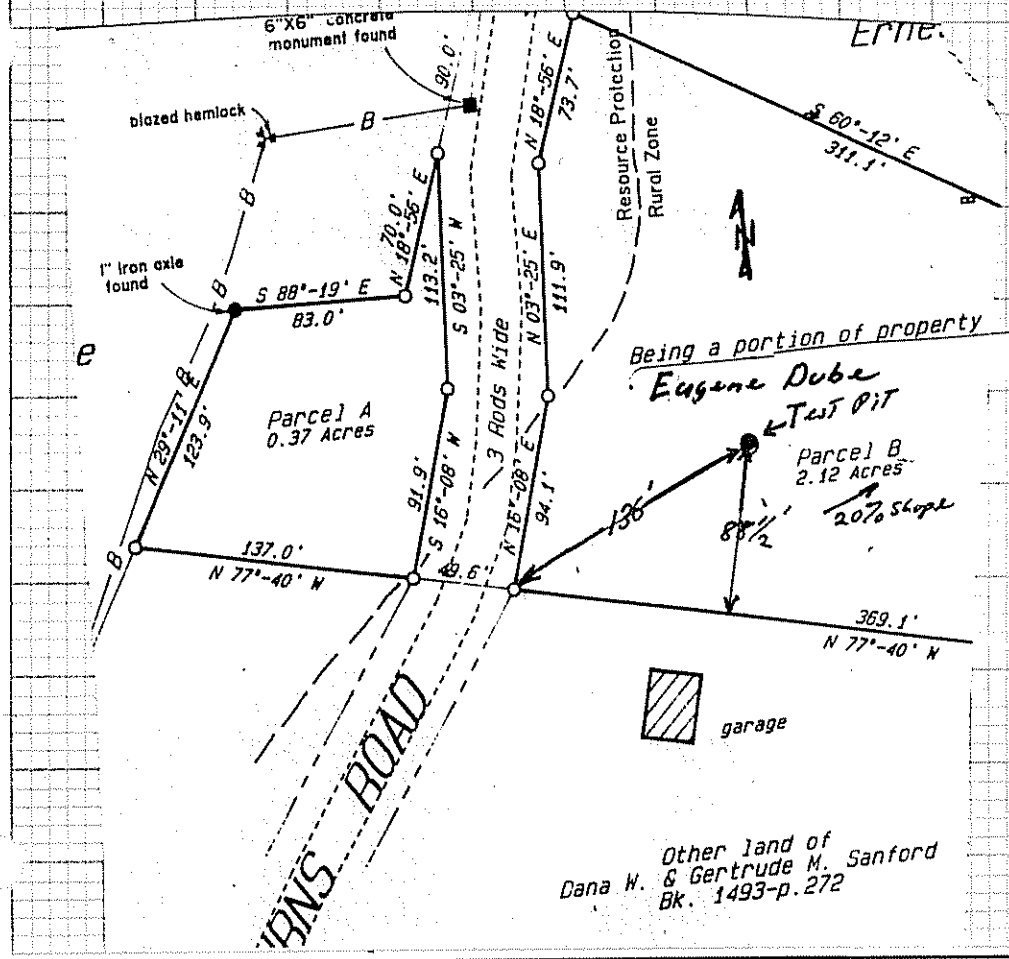
Department of Human Services
Division of Health Engineering

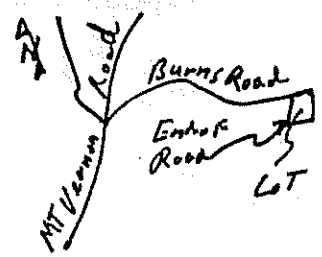
| Town, City, Plantation | Street, Road, Subdivision | Owners Name |
|---|---|---|
| Augusta | Burns Road | Dube |

## SITE PLAN

Scale 1" = 92' 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 1 ☑ Test Pit ☐ Boring

2-0 " Depth of Organic Horizon Above Mineral Soil

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–6 | Loamy Sand | Friable | Brown | None |
| 6–10 | | | Redish | |
| 10–15 | Fine Sand | | | |
| 15–20 | | | Yellow Brown | |
| 20–30 | | | Olive | |
| 30–50 | | | | |

| Soil Profile | Classification Condition | Slope | Limiting Factor | |
|---|---|---|---|---|
| 5 | B | 20 % | None | ☐ 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 | | | | |
| 6–10 | | | | |
| 10–15 | | | | |
| 15–20 | | | | |
| 20–30 | | | | |
| 30–50 | | | | |

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

Dube
Site Evaluator Signature

241
SE#

5-11-1989
Date

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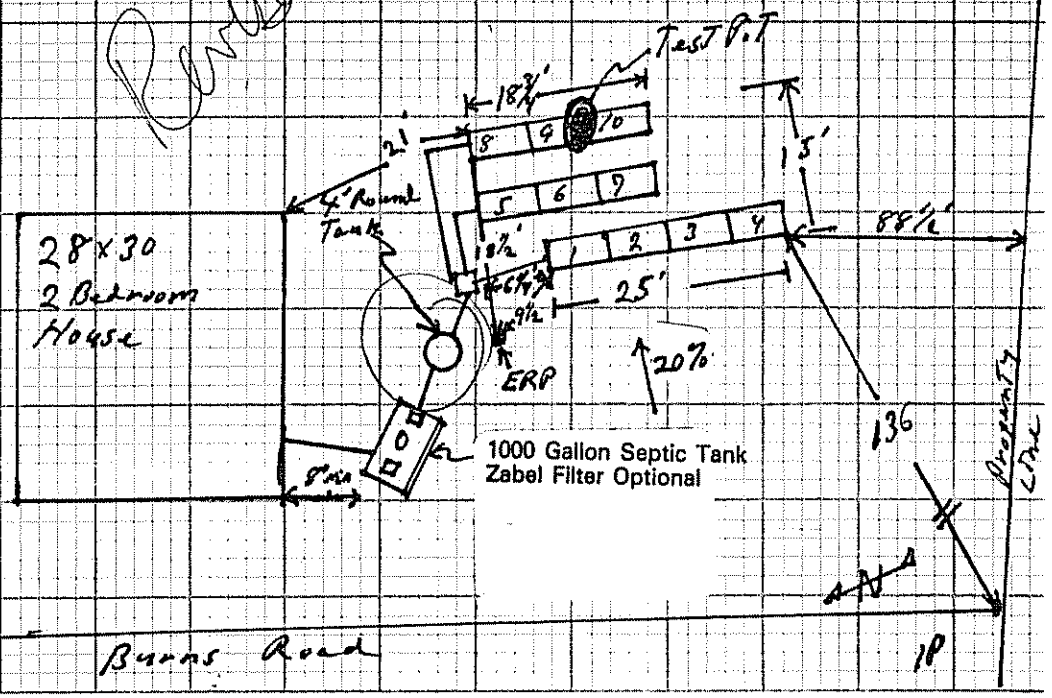
## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

Elevations Bottom of Infiltrators
Row 1 - -40"
Row 2 - -55"
Row 3 - -69"

Elevations Top of Infiltrators
Row 1 - 25"
Row 2 - 40"
Row 3 - 54"

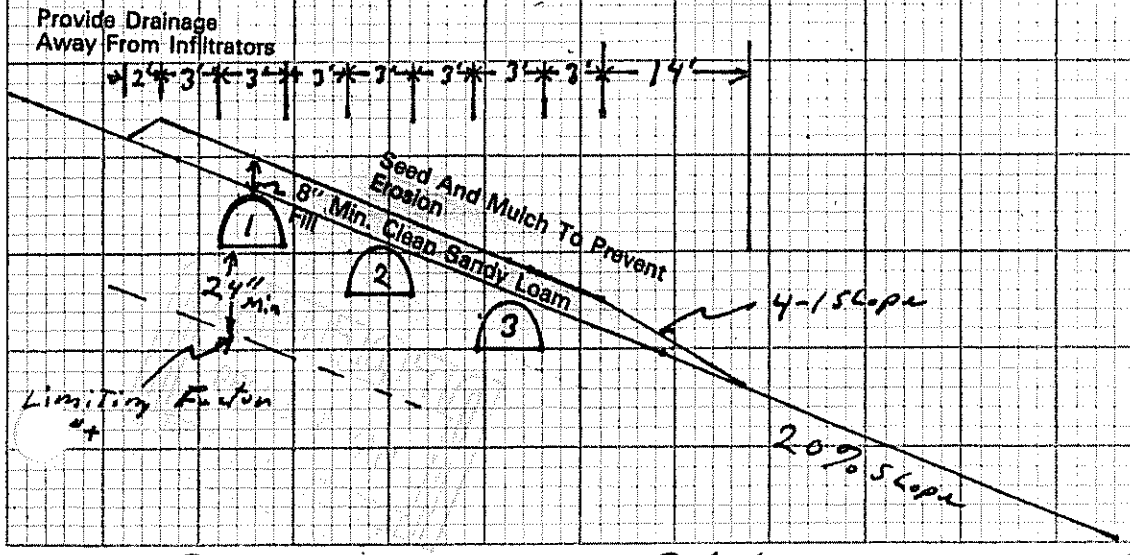



Revised

| FILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | | ELEVATION REFERENCE POINT LOCATION & DESCRIPTION |
|---|---|---|---|---|
| Depth of Fill (Upslope) | 8" | Reference Elevation is | -0 | Nail in Tag #46 Marked |
| Depth of Fill (Downslope) | 8" | Bottom of Disposal Area | See Above | ERP in Pasture Pine |
| | | Top of Distribution Lines or Chambers | See Above | |

## DISPOSAL AREA CROSS SECTION

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




Site Evaluator Signature: [signature]
SE#: 241
Date: 5-11-1989

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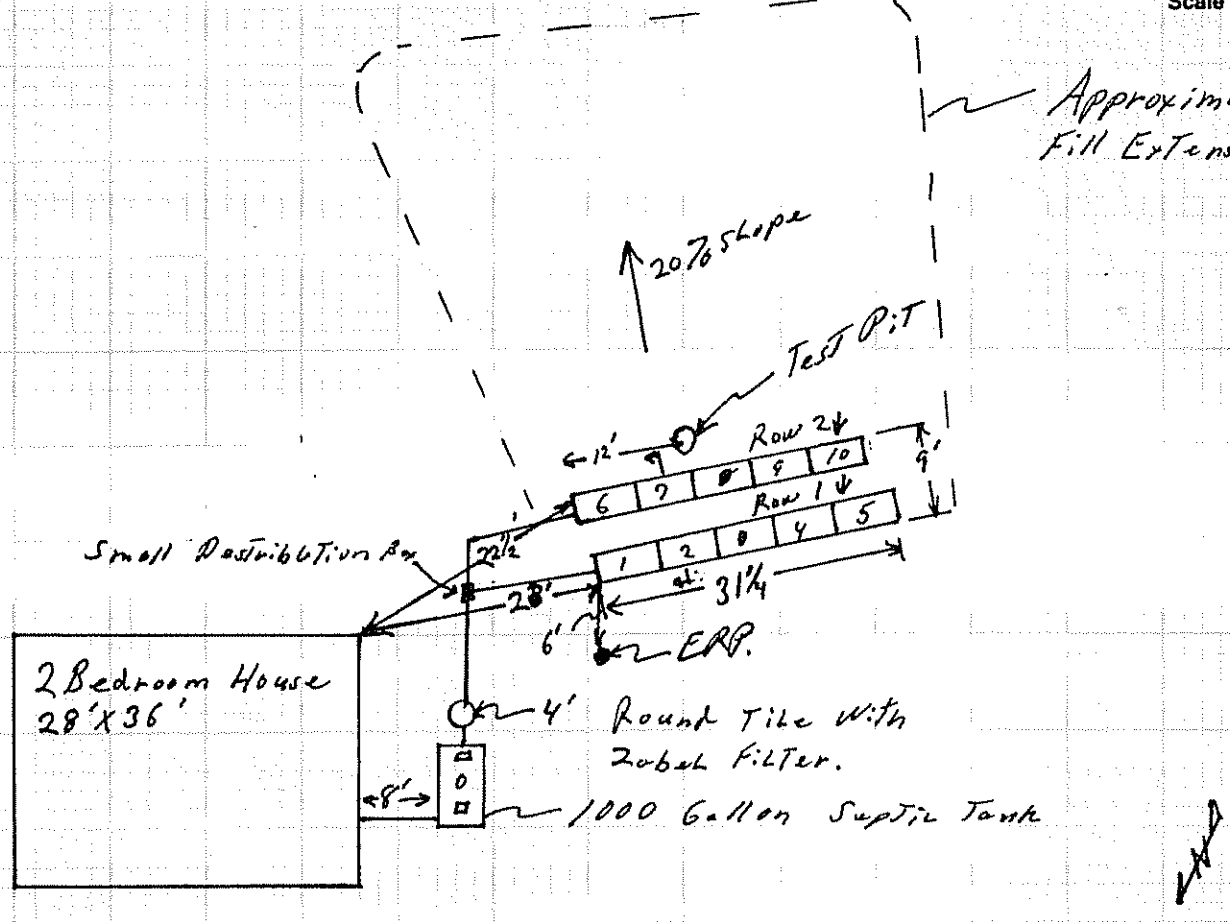
## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' F




**FILL REQUIREMENTS**

Depth of Fill (Upslope) 8" " "

Depth of Fill (Downslope) 29" " "

**CONSTRUCTION ELEVATIONS**

Reference Elevation is 0

Bottom of Disposal Area – 32"

Top of Distribution Lines or Chambers – 17"

**ELEVATION REFERENCE POINT LOCATION & DESCRIPTION**

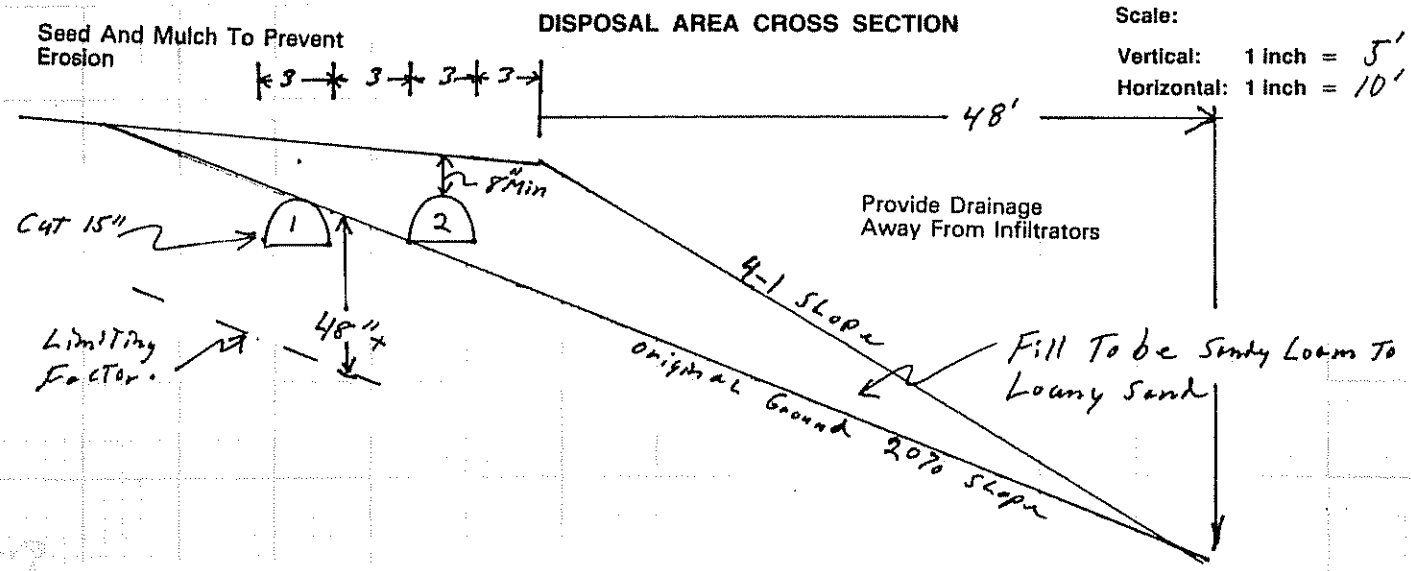
Nail in Tag #46 Marked ERP in Pasture Bike

**DISPOSAL AREA CROSS SECTION**

Scale:

Vertical: 1 inch = 5' Ft.

Horizontal: 1 inch = 10' Ft.




REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER AND FILL EXTENSION AREAS.

| Site Evaluator Signature | SE# | Date |
|---|---|---|
| | 241 | Revised 9-4-1989 5-11-1989 |