SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

0153 AUGUSTA ✓ *** 11020 ***

Date Permit Issued: 11 28 83 $ 40 FEE

Robert B St Pierre — Local Plumbing Inspector Signature — L.P.I. # 1617 — ☐ If Double Charged

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Subdivision Lot #	Park View Terrace

PROPERTY OWNERS NAME

Last: Lagasse First: William

Applicant Name:	Same
Mailing Address of Owner/Applicant (If Different)	40 Park View Terrace

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.

William Lagasse — Signature of Owner/Applicant — Date 11-26-83

Caution: Inspection Required

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

Robert St Pierre — Local Plumbing Inspector Signature — Date Approved 12/8/83

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. ☐ NEW SYSTEM
2. ☒ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ SEASONAL CONVERSION
5. ☐ EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. ☒ NO RULE VARIANCE REQUIRED
2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form
   ☐ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
   3. ☐ Requires only Local Plumbing Inspector Approval
   4. ☐ Requires both State and Local Plumbing Inspector Approval

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
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 1971

THE FAILING SYSTEM IS:

1. ☐ BED 3. ☒ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: Plank

DISPOSAL SYSTEM TO SERVE:

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

SIZE OF PROPERTY

35,150

ZONING

NO

TYPE OF WATER SUPPLY

Drilled

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☒ SEPTIC: ☒ Regular ☐ Low Profile
2. ☐ AEROBIC Save old if can

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: 45-50 GALS.

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

3 bedroom Home

DESIGN FLOW: 270 (GALLONS/DAY)

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

SITE EVALUATOR STATEMENT

(☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

On Nov. 26, 1983 (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.

David P. Roque — Site Evaluator or Professional Engineer's Signature — 154 — SE# / PE# — 11/26/83 — Date

* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Option

City

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

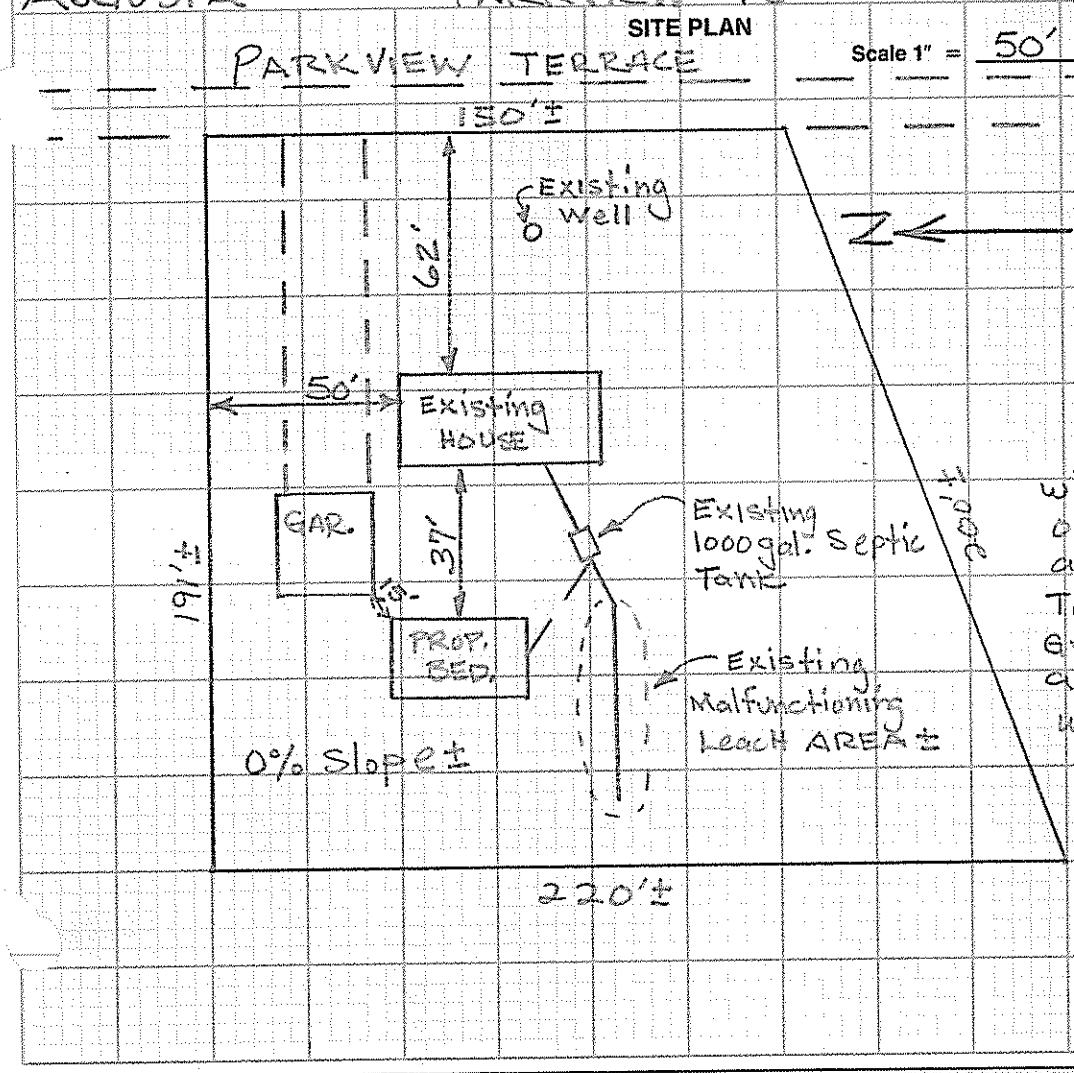
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: PARKVIEW TERRACE

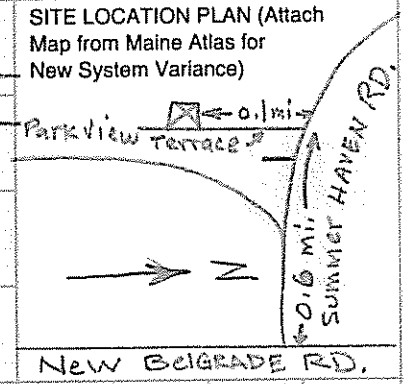
Owners Name: WILLIAM LAGASSE

SITE PLAN

Scale 1" = 50' Ft.



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



Note: Septic Tank will have to be raised or a new one installed at a higher ELEVATION To use NEW Bed by GRAVITY FEED. IF NOT a WET WELL AND PUMP WILL BE NEEDED with 1½" - 2" PRESSURE PIPE TO BED AND THE BED WILL NEED AT LEAST A 2" VENT.

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole P1 ☒ Test Pit ☐ Boring

0 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	Sandy LOAM FILL		BROWN	
6–15	MED. SAND	LOOSE	ORANGE BROWN	NONE
15–50			BROWN	

Soil Profile	Classification Condition	Slope %	Limiting Factor	
5	B	0	NONE	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

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0–50				

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David P. Roque — Site Evaluator or Professional Engineer's Signature

154 — SE# / PE#

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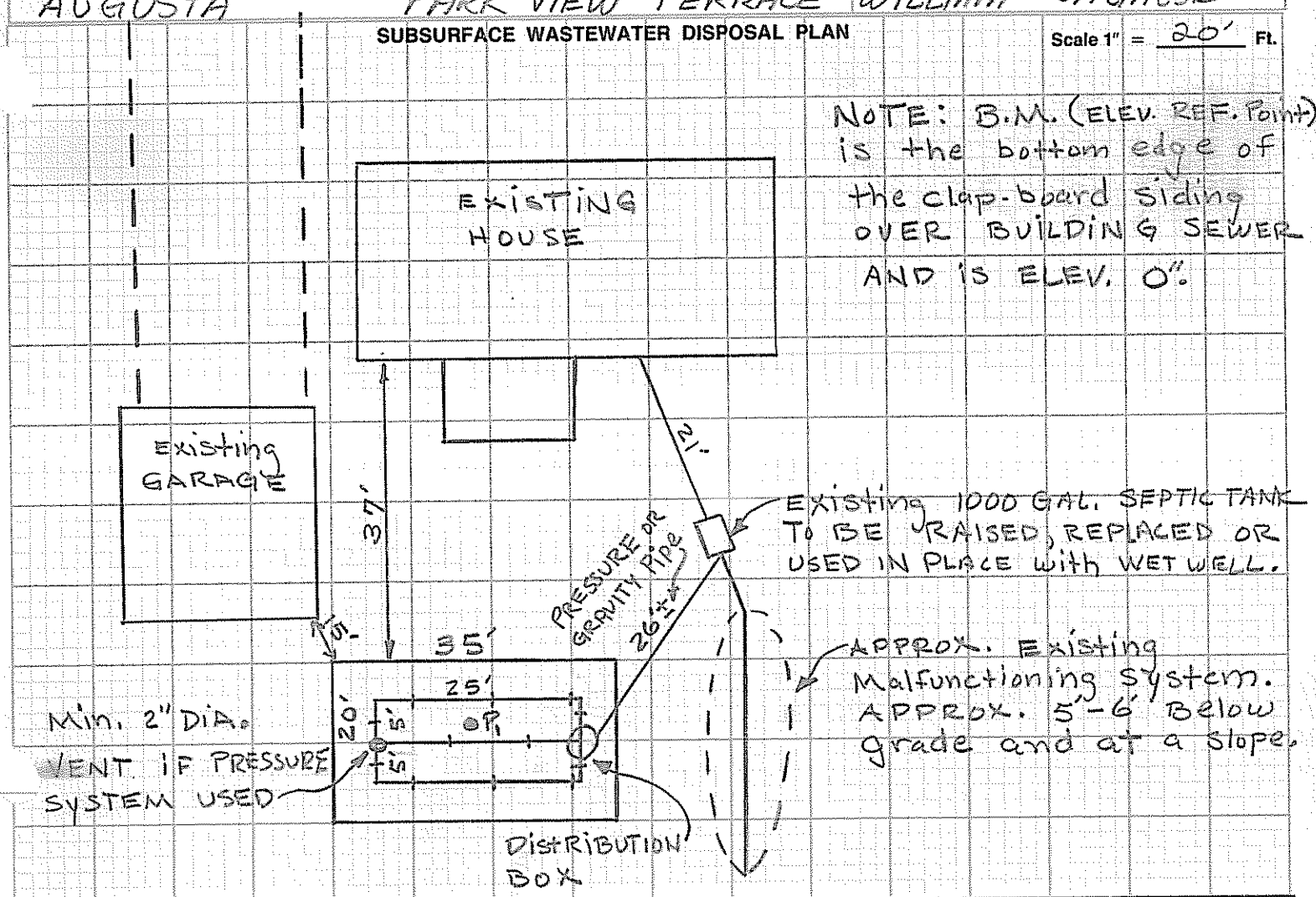
Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	PARK VIEW TERRACE	WILLIAM LAGASSE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	0"	Reference Elevation is	0"	BOTTOM EDGE OF CLAPBOARD SIDING ABOVE BLDG. SEWER
Depth of Fill (Downslope)	0"	Bottom of Disposal Area	-56"	
		Top of Distribution Lines or Chambers	-46"	

DISPOSAL AREA CROSS SECTION

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

SEE SHEET #3A

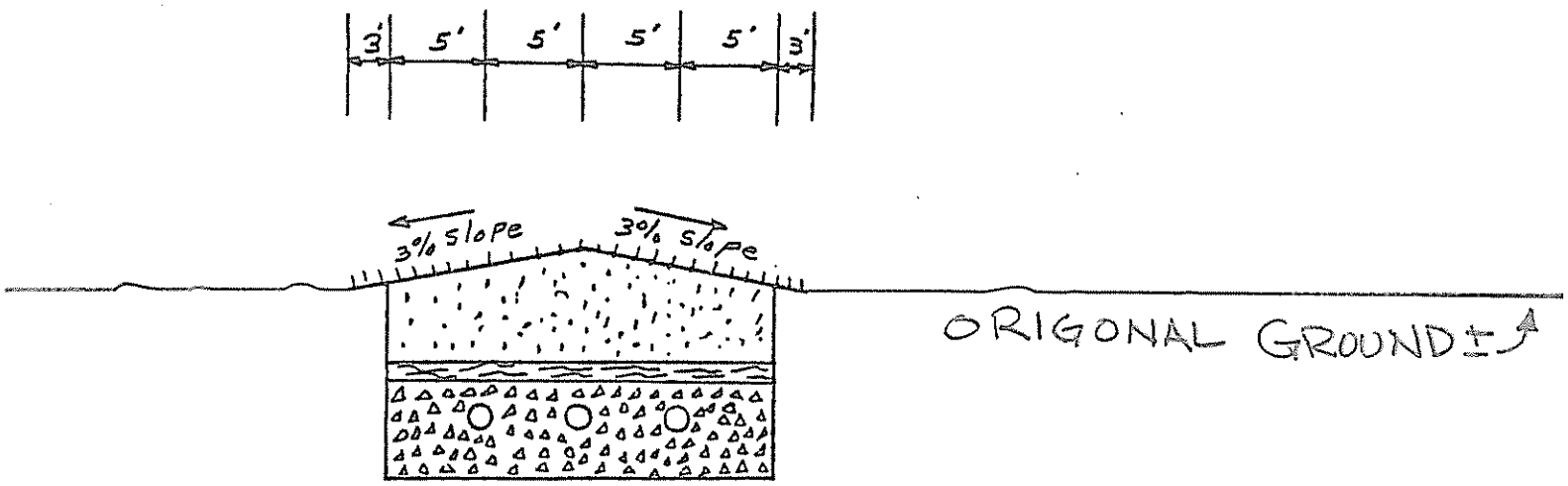
David P. Rocque
Site Evaluator or Professional Engineer's Signature

154
SE # / PE #

11/26/83
Date

Subsurface Absorption Area Cross-Section

(Not to Scale)



Bed Consists of:

1. 12" of ¾"-3" stone; 6" under pipe and 2" over pipe.
2. 2" of compressed hay over stone, or treated building paper.
3. 8" of sandy loam to sand fill, over hay.
4. Top of bed to be stabilized with loam if necessary, and grass seed.

Note:
Remove organic matter and scarify soil before installing bed and fill.