ACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Subdivision Lot #	Wilson St lot 15

PROPERTY OWNERS NAME

Last: Ferris First: Earl

Applicant Name:	same
Mailing Address of Owner/Applicant (If Different)	644 Civic Center Dr

M1L195

AUGUSTA PERMIT # 302 TOWN COPY

Date Permit Issued: 8/23/84 $ 40.09 FEE ☐ If Double Fee Charged

Robert St Pierre L.P.I. # 667

Local Plumbing Inspector Signature

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] Ferris

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.

Robert St Pierre 8/24/84

Local Plumbing Inspector Signature Date Approved

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 _____

THE FAILING SYSTEM IS:

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

DISPOSAL SYSTEM TO SERVE:

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

SIZE OF PROPERTY	ZONING
32000±	R4

TYPE OF WATER SUPPLY

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.)

DESIGN FLOW: 300 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 3 ft.

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

SITE EVALUATOR STATEMENT

(☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

On _____ (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 or Professional Engineer's Signature SE# / PE# Date

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

TOWN COPY

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Augusta

Street Subdivision Lot #: Wilson St. lot 15

PROPERTY OWNERS NAME

Last: Farris First: Earl

Applicant Name: same

Mailing Address of Owner/Applicant (If Different): 649 Civic Center Dr

AUGUSTA City PERMIT # 302 ~~STATE~~ COPY

Date Permit Issued: 8/23/84 $ 140.00 FEE ☐ If Double Fee Charged

159 Robert St Pierre L.P.I. # 1667

Local Plumbing Inspector Signature

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.

Local Plumbing Inspector Signature _____ Date Approved _____

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 _____

THE FAILING SYSTEM IS:

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

DISPOSAL SYSTEM TO SERVE:

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

SIZE OF PROPERTY

32,000 ±

ZONING

RU

TYPE OF WATER SUPPLY

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.)

DESIGN FLOW: 300 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 3 ft.

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

SITE EVALUATOR STATEMENT

(☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

On _____ (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 or Professional Engineer's Signature _____ SE# / PE# _____ Date _____

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

STATE COPY

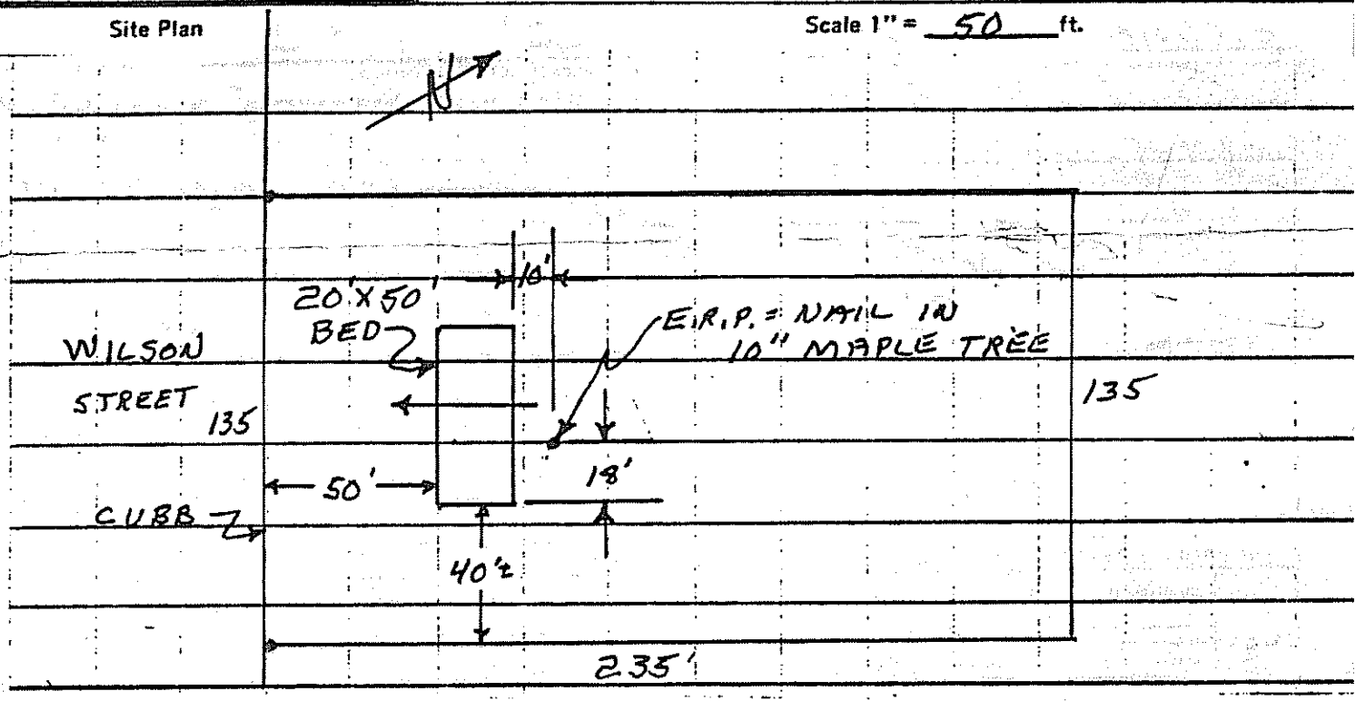
APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

PROPERTY LOCATION			
Town, Plantation	Street, Road	Subdivision Name	Lot No.

PROPERTY OWNER or APPLICANT

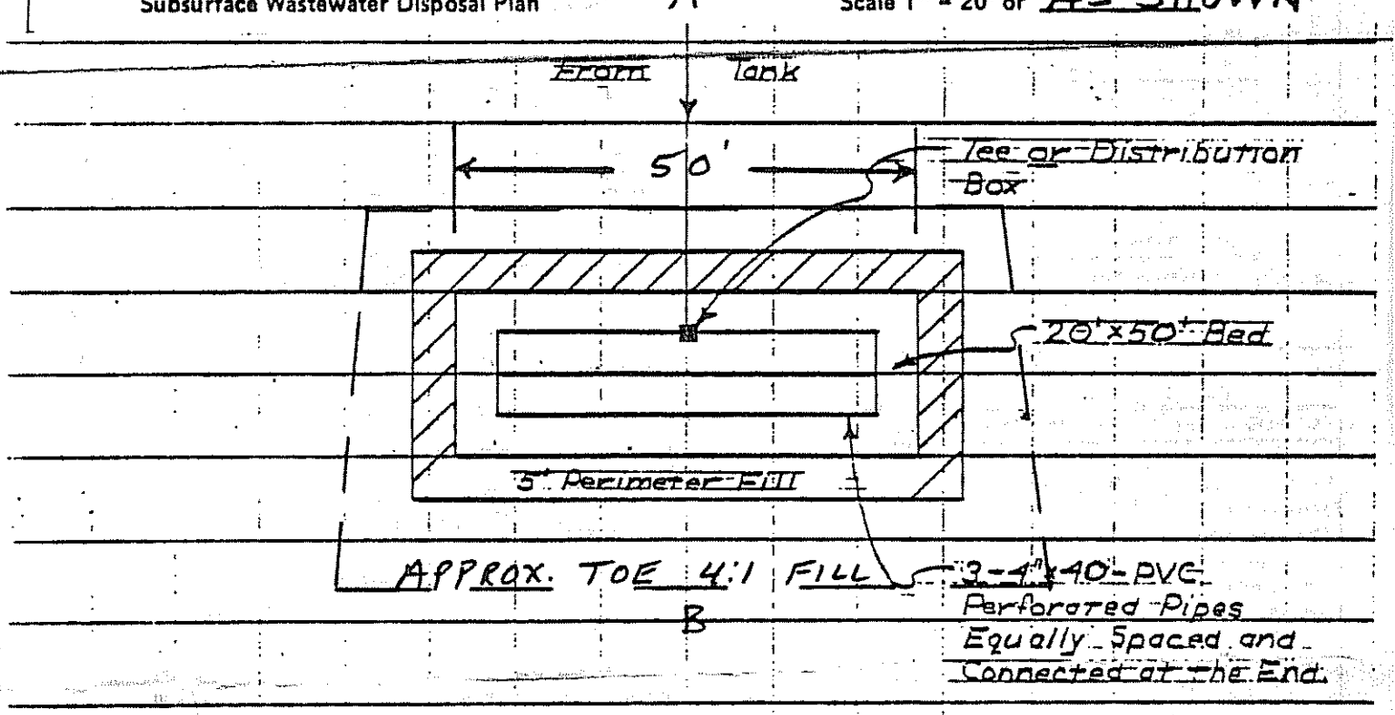
DISPOSAL AREA ELEVATION
Depth of Upslope Fill required 18 inches.
Depth of Downslope Fill required 23 I inches.
Reference Elevation Point established at 0 Elevation.
Disposal Area Bottom to be established at -63" Elevation.
Top of Distribution Lines or Top of Chambers -51 Elevation.

Site Plan — Scale 1" = 50 ft.

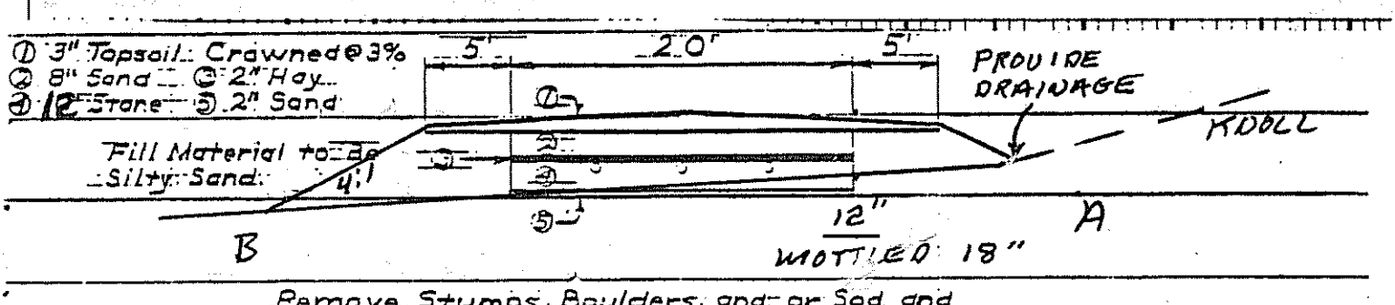


● Designates Elevation Reference Point (ERP)
○ Designates Observation Hole (TP or B)

Subsurface Wastewater Disposal Plan — Scale 1" = 20' or AS SHOWN



Subsurface Wastewater Disposal Area Cross-section — Scale: Vertical: 1" = 5' Horizontal: 1" = 10'



Remove Stumps, Boulders, and/or Sod and Scarify Surface Before Fill Is Place.

Site Evaluators Signature	Date	License Number
[signature]	11/4/82	51

HHE-200-A RV7/80

I-1 Map.1

OK

Division of Health Engineering
Station No. 10
State House
Augusta, Maine 04333

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

This Is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

HHE-200

This Application Is For: [X] New System [ ] Replacement Of Entire System [ ] Expanded System [ ] Replacement Of Disposal Area Only [ ] Conversion Permit

Variance: [X] None Required [ ] New System Variance [ ] Replacement System Variance With: [ ] LPI Approval [ ] Dept. Review

PROPERTY LOCATION: AUGUSTA (Town, Plantation) | WILSON ST. (Street, Road) | FRED WILSON (Subdivision Name) | 15 (Lot No.)

PROPERTY OWNER or APPLICANT: Earl Farris

Mailing Address: 644 Civic Dr. (Street) Tel. No.

Clay (Town) Me (State) 04330 (Zip Code)

TYPE OF STRUCTURE, DESIGN FLOW

[X] Single Family Dwelling Number of Bedrooms 3 Design Flow 300 GPD

Design Flow based on [X] Minimum [X] Moderate [ ] Conservative

[ ] Reduction in Design Flow due to Water Conservation

If so, specify type (s) LOW WATER TOILET

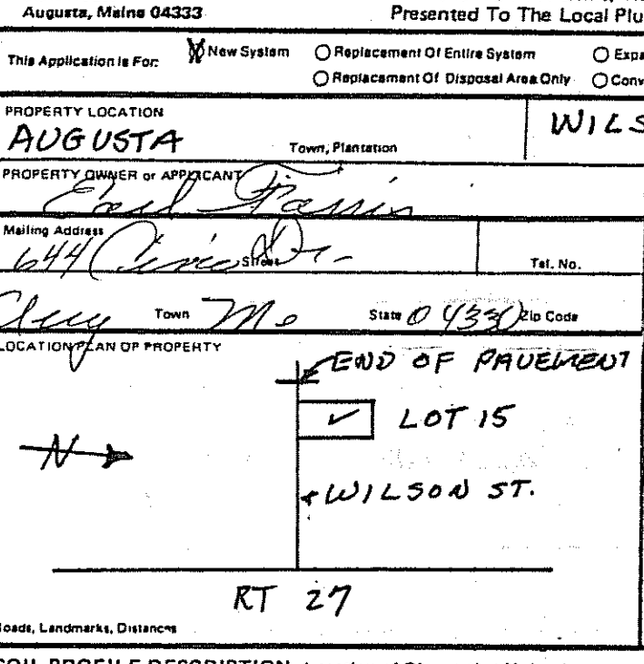
[ ] Other Establishment, Specify _____ Type of Facility _____

(Number of Employees, Seating Capacity, Building Size, etc.)

Design Flow _____ GPD

If greater than 2000 GPD, Specify Professional Engineer

LOCATION PLAN OF PROPERTY



Roads, Landmarks, Distances

PROPERTY INFORMATION

Area of Property 32,000± [X] Sq. Ft. [ ] Acres [ ] Zoned [X] Not Zoned

If zoned, type of zoning _____

Property on Water Body, If so, Name of Water Body _____

Water Supply is: [ ] Public Utility, [ ] Drilled Well _____ depth [ ] Dug Well _____ depth [ ] Well Point [ ] Spring [ ] Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

TEXTURAL DESCRIPTION OF EACH SOIL STRATA ENCOUNTERED			
	Observation Hole No. 1; [ ] Test Pit [X] Boring	Observation Hole No. ____; [ ] Test Pit [ ] Boring	Observation Hole No. ____; [ ] Test Pit [ ] Boring
	Organic Strata or (Existing Fill) Thickness +2"	Organic Strata or (Existing Fill) Thickness ____"	Organic Strata or (Existing Fill) Thickness ____"
	1st Original Mineral Soil Strata B.S.L. Depth from 0" to 8" Thickness 8"	1st Original Mineral Soil Strata Depth from 0" to ____" Thickness ____"	1st Original Mineral Soil Strata Depth from 0" to ____" Thickness ____"
	2nd Y.B.S.L. Depth from 8" to 18" Thickness 10"	2nd Depth from ____" to ____" Thickness ____"	2nd Depth from ____" to ____" Thickness ____"
	3rd G.B.G.T. Depth from 18" to 36" Thickness 18+"	3rd Depth from ____" to ____" Thickness ____"	3rd Depth from ____" to ____" Thickness ____"
	4th Depth from ____" to ____" Thickness ____"	4th Depth from ____" to ____" Thickness ____"	4th Depth from ____" to ____" Thickness ____"
	Total Depth of Observation Hole 36"	Total Depth of Observation Hole ____"	Total Depth of Observation Hole ____"
Depth from top of ORIGINAL MINERAL SOIL	Maximum Seasonal High Ground [ ] None evident Water Table Depth 18"	Maximum Seasonal High Ground [ ] None Evident Water Table Depth ____"	Maximum Seasonal High Ground [ ] None evident Water Table Depth ____"
	Depth to Restrictive Layer [ ] None evident 28"	Depth to Restrictive Layer [ ] None evident ____"	Depth to Restrictive Layer [ ] None evident ____"
	Depth to Bedrock [X] None evident ____"	Depth to Bedrock [ ] None evident ____"	Depth to Bedrock [ ] None evident ____"

PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE
3	C	3 %			%			%

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2

TYPE OF SYSTEM
[X] Combined System
[ ] Separated System
If separated system, type of black waste disposal system to be used:
[ ] Compost
[ ] Pit Privy
[ ] Sealed Vault Privy
[ ] Other:
Specify: _____
[ ] Separated Laundry System
[ ] Primitive System
[ ] Holding Tank

TREATMENT TANK
[X] Septic Tank
[ ] Aerobic Tank
Size 1000 Gals.

DOSAGE
[X] Pumping is not required
[ ] Pumping is required
The dose should be: _____ Gals.
Dosage chamber capacity shall be _____ gals.
[ ] System should be vented

SUBSURFACE DISPOSAL AREA/TYPE
[ ] Trench Disposal Area
Total linear feet of trench _____ ft.
Number of Trench lines _____ ft.
Length of each trench line _____ ft.
Depth of Stone _____ inches.
Reduction on trench length due to stone depth _____ %
[X] Bed Disposal Area
Total bed area 1000 sq. ft.
Number of beds _____
Width 20 ft. Length 50 ft.
[ ] Chamber Disposal Area
Total chamber area _____ sq. ft.
Number of clusters _____
Width _____ ft. Length _____ ft.
[ ] H-20 required

SYSTEM SIZE RATING
[ ] Small [ ] Medium [X] Medium Large [ ] Large [ ] Extra Large

DISPOSAL AREA ELEVATION
Depth of Upslope Fill required 18 inches.
Depth of Downslope Fill required 23± inches.
Reference Elevation Point established at 0 Elevation.
Disposal Area Bottom to be established at -63" Elevation.
Top of Distribution Lines or Top of Chambers -51" Elevation.

[X] Yes [ ] No: The proposed subsurface disposal area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook stream, river), swamps, marshes, and bogs.

[X] Yes [ ] No: The proposed subsurface disposal area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.

FOR USE BY SITE EVALUATOR VALID COPY ONLY WITH EMBOSSED SEAL

On 11/3/82 (date), a site investigation for this project was completed. I conducted this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.

Signature of Site Evaluator: Ulrich W. Rickert
Date signed 11/4/82
Site Evaluator License Number 51

FOR USE BY OWNER/APPLICANT

I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.

Signature of Owner/Applicant: Earl Farris
Date Signed

FOR USE BY LPI: [ ] This Application is approved. If conditions, specify:
[ ] This Application is Denied due to: [ ] System is not in accordance with Rules. [ ] Application is incomplete. [ ] Application is unclear. [ ] Development is in violation of other Regulations. Specify _____

Signature of LPI: Robert St Pierre
Date August 22 1984

PERMIT NO. 3025

Date Issued / /8

HHE-200 RV7/80