SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Division Lot #	Wilson Street

PROPERTY OWNERS NAME

Last: Kinnie First: Robert

Applicant Name:	95 Mount Vernon Ave.
Mailing Address of Owner/Applicant (If Different)	Augusta, Maine 04330

AUGUSTA 2062 TOWN COPY

Date Permit Issued: 1 11 91 $ 40 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 19613

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 1/11/91

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 7-22-91

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

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

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

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
5ac ±	Residential

TYPE OF WATER SUPPLY
Proposed 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.)
3 bedroom minimum

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
8	C

DEPTH TO LIMITING FACTOR: 17.

SIZE RATINGS USED FOR DESIGN PURPOSES
1. ☐ SMALL
2. ☐ MEDIUM
3. ☐ MEDIUM-LARGE
4. ☒ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE
1. ☒ BED 1100 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: 270 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On Oct 13, 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.

William P Brown — Site Evaluator Signature
188 — SE#
10/13/89 — Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

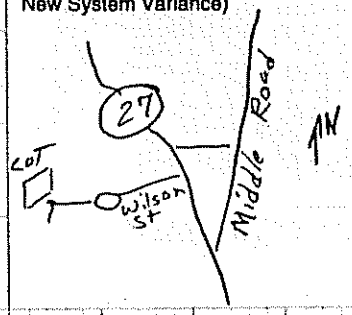
Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Wilson Street	Robert Kinnie

SITE PLAN

Scale 1" = 200 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 TP-1 ☒ Test Pit ☐ Boring

1/2 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling
Loam	Friable	medium Brown	
		Light Brown	None
			Common
Silt Loam w/sand lenses	FIRM	Olive	

Soil	Classification	Slope	Limiting Factor	
8 (Profile)	C (Condition)	5-7 %	17"	☒ 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

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

William P Brown
Site Evaluator Signature

188
SE#

10/13/89
Date

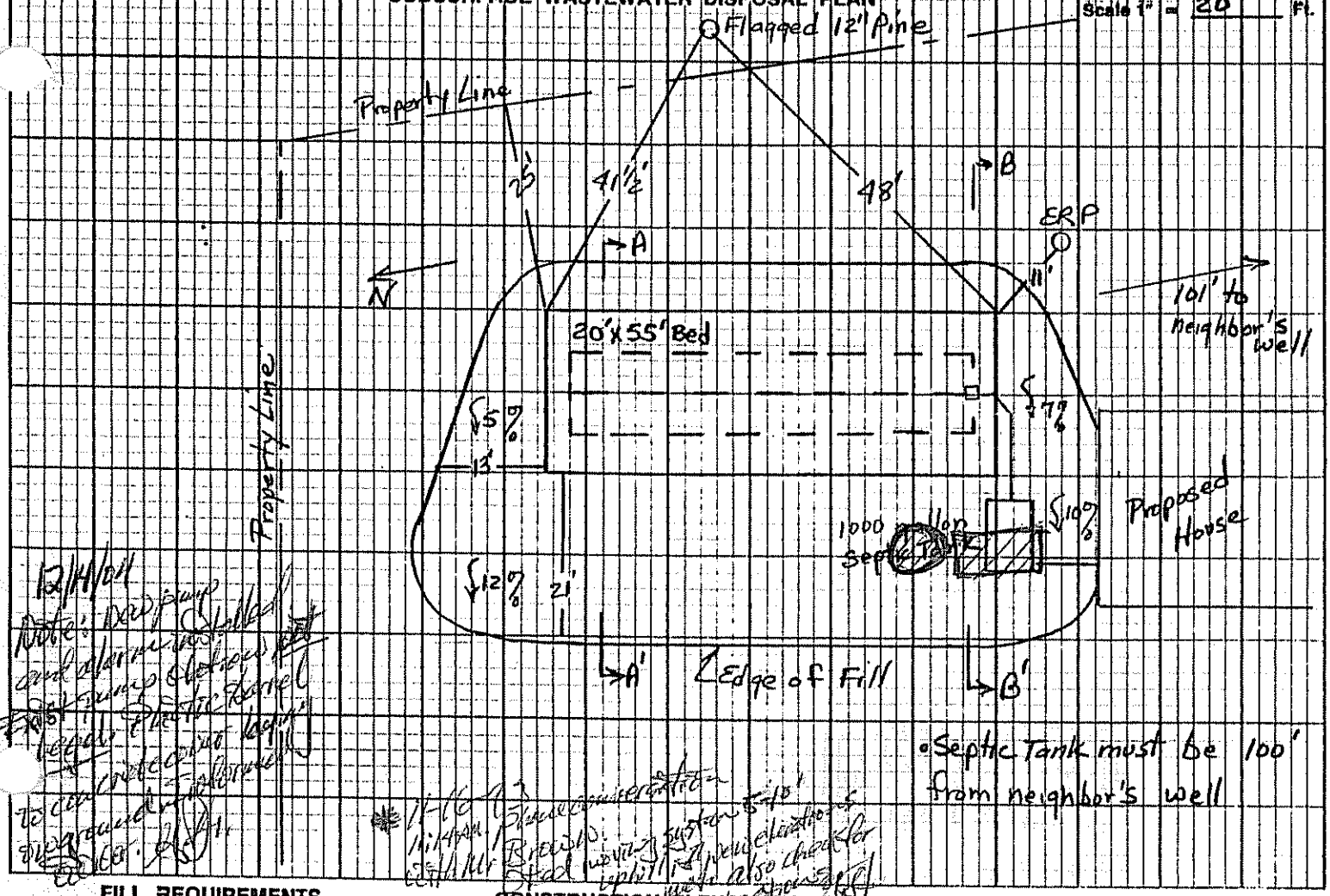
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Wilson Street	Robert Kinnie

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 ft.



FILL REQUIREMENTS

Depth of Fill (Upslope)	19"
Depth of Fill (Downslope)	31-36"

CONSTRUCTION ELEVATIONS

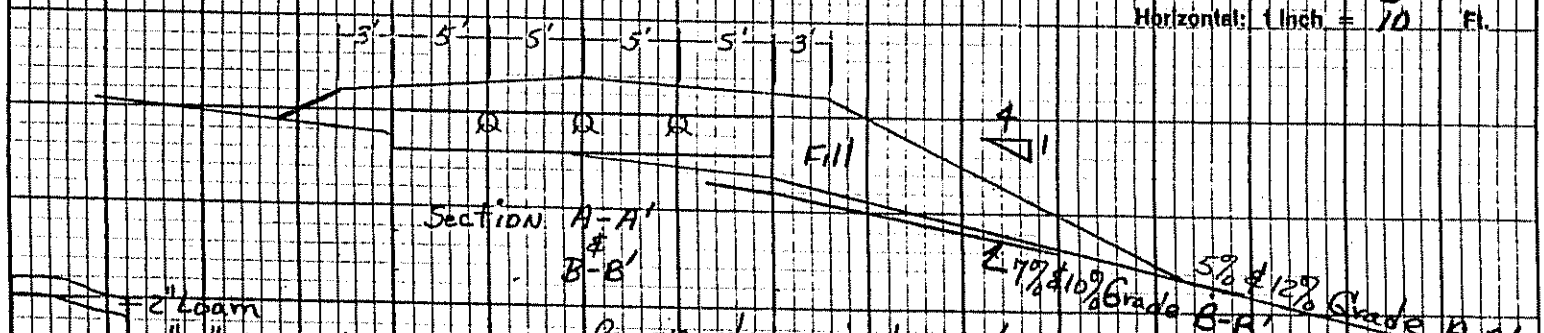
Reference Elevation Is	00"
Bottom of Disposal Area	-70"
Top of Distribution Lines ~~or Chambers~~	-59"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

Flagged nail in 6inch White Maple, 5 feet above ground

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 5 Ft.
Horizontal: 1 Inch = 10 Ft.



- 2" Loam
- 8"-12" Clean Fill
- 2" Hay
- 4" Perforated Pipe
- 12" of ½" Crushed Stone

Bed Detail

- Remove stumps in disposal area
- Scarify entire fill area
- All fill shall be sandy loam or coarser
- Crown finish grade from center at 3%
- Loam, seed, mulch

William P Brown
Site Evaluator Signature

188
SE#

10/13/89
Date

John R. McKernan, Jr.
Governor

Rollin Ives
Commissioner

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

WELL SETBACK RELEASE FORM

I, John Spencer (name of well owner), permanent mailing address WILSON ST EXT (street, road, etc.), AUGUSTA (town), hereby give my approval to ROBERT KENNY (owner of system being installed), permanent mailing address 95 MT VERNON AVE (street, road, etc.), AUGUSTA (town), for the purpose of locating and installing a wastewater disposal system (holding tank) no less than 81 feet (horizontal distance) to my drilled well (drilled, dug, etc., plus depth to well) well located at WILSON ST EXT AUGUSTA (well location and address, if different from the above address).

John Spencer — Signature - Owner of well — DEC 16, 1993 Date

Robert Kenny — Signature - Owner of disposal field — 12/16/1993 Date

John Lassi — Signature - Witness — 12/16/93 Date

RECEIVED
DEC 17 1993

John R. McKernan, Jr.
Governor

Jane Sheehan
Commissioner

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE

December 13, 1993

Mr. & Mrs. Robert Kinnie
95 Mt. Vernon Avenue
Augusta, Maine 04330

SUBJECT: Alternative Pump Station, Kinnie Property-AUGUSTA

Dear Mr. & Mrs. Kinnie:

This office does not object to the use of a 55 gallon polyethylene barrel as a pump station. The pump will be located on land owned and occupied by the applicant. The approval is for this site only.

The LPI shall inspect the installation and satisfy himself that the tank is water tight and suitable for the intended purpose.

The location of the septic tank closer than 100 feet to the neighbors well will require permission from the neighbor.

Please ask him to sign a statement that he is aware that the disposal tank is closer than 100 feet and that he does not object.

I wish you the best of luck with this project.

Sincerely,

Kenneth L. Meyer
Wastewater & Plumbing Control
Division of Health Engineering

KLM/ld
cc: George Soucy, LPI