Brian Sylvester 623-3148

M2 L1

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Location	AUGUSTA
Street Subdivision Lot #	934 RIVERSIDE DRIVE

PROPERTY OWNERS NAME

Last: CROSS First: BURTON

Applicant Name:	SYLVESTOR EXCA
Mailing Address of Owner/Applicant (If Different)	DUDDLEDOCK Rd. MANCHESTER, ME 04351

AUGUSTA Caution: Permit Rec 2947 TOWN COPY

Date Permit Issued: 4/20/94 $ 60.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 105

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.

Brian Sylvester — Signature of Owner/Applicant — 4/19/94 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 — 4/28/94 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
☐ SYSTEM INSTALLED – P# _____
☐ SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED 60s
THE FAILING SYSTEM IS:
1. ☐ BED 3. ■ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

SIZE OF PROPERTY	ZONING
26 ACRES	N/A

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
TOWN WATER

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.)
4 BEDROOM
15'x80' BED.
DESIGN FLOW: 360 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	B

DEPTH TO LIMITING FACTOR: ✓

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

DISPOSAL AREA TYPE/SIZE
1. ■ BED 1200 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

On 4/14/94 (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 — 260 SE# — 4/16/94 Date

(Local Plumbing Inspector's Signature

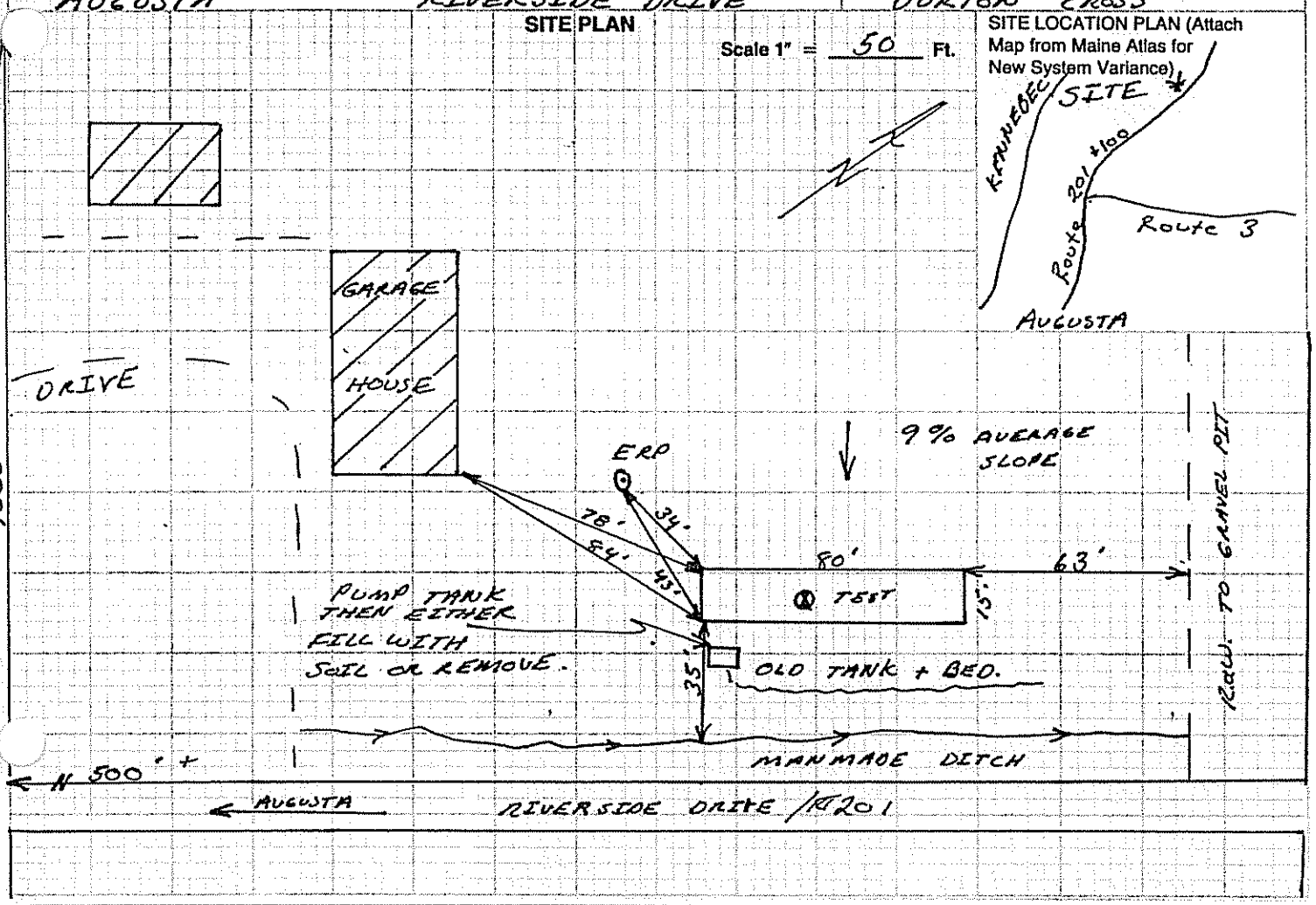
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	RIVERSIDE DRIVE	BURTON CROSS

SITE PLAN

Scale 1" = 50 Ft.



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

Observation Hole #1 ■ Test Pit ☐ Boring

— " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0		FRIABLE	BROWN	FREE
6	FINE			
10	SANDY			
15	LOAM			
20				
	SANDY		OLIVE	
	LOAM		YELLOW	
30				
	LOAMY		OLIVE	
	SAND		BROWN	
40				
50				

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	B (Condition)	9 %	1 "	☐ 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

[signature] S Knox 260 4/16/94

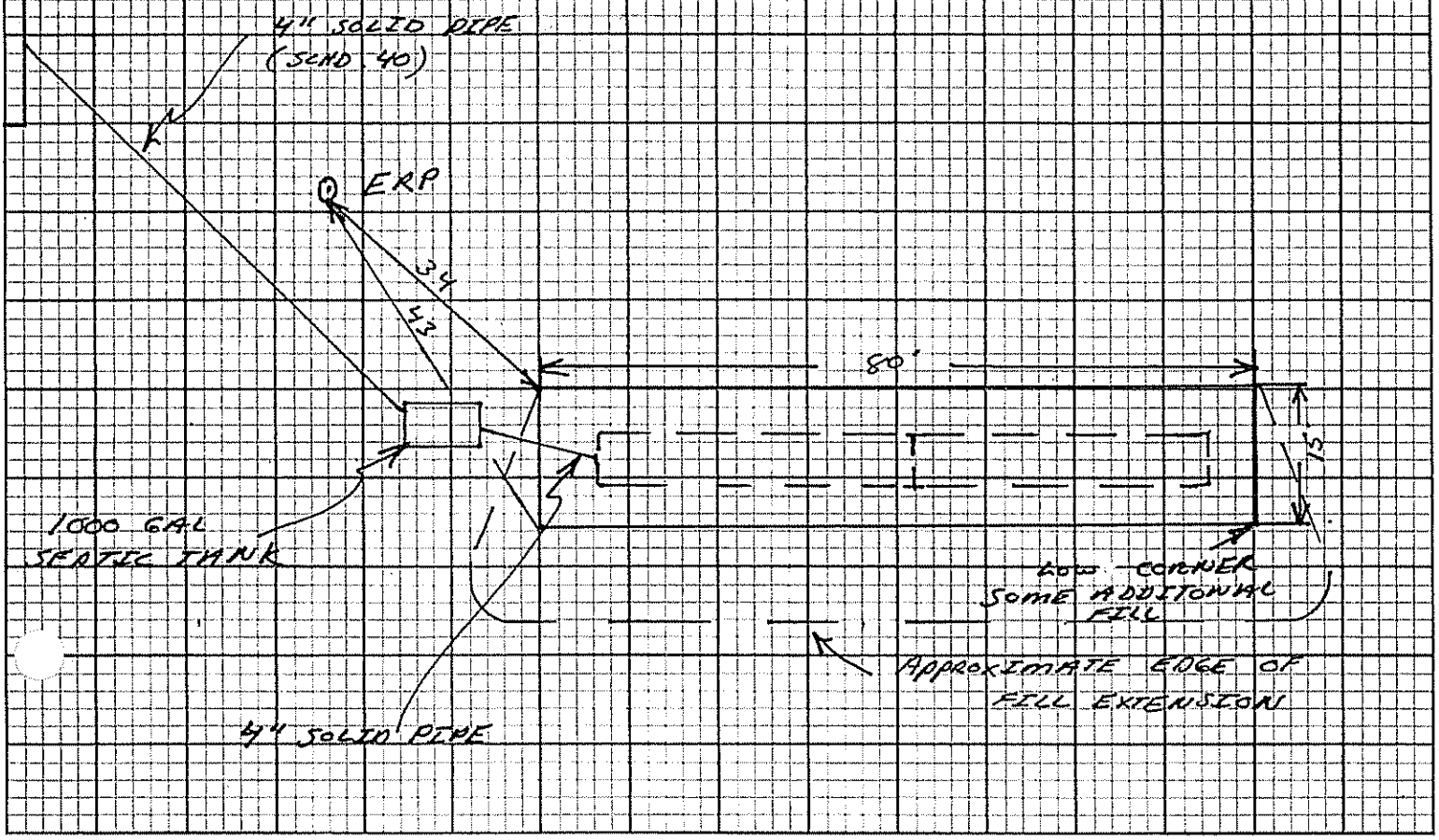
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	RIVERSIDE DRIVE	BURTON CROSS

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	1"	Reference Elevation is	0.00	FLAGGED NAIL IN
Depth of Fill (Downslope)	16"	Bottom of Disposal Area	-74"	MAPLE 29 1/2" ABOVE
		Top of Distribution Lines or Chambers	-62"	GRADE

DISPOSAL AREA CROSS SECTION

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

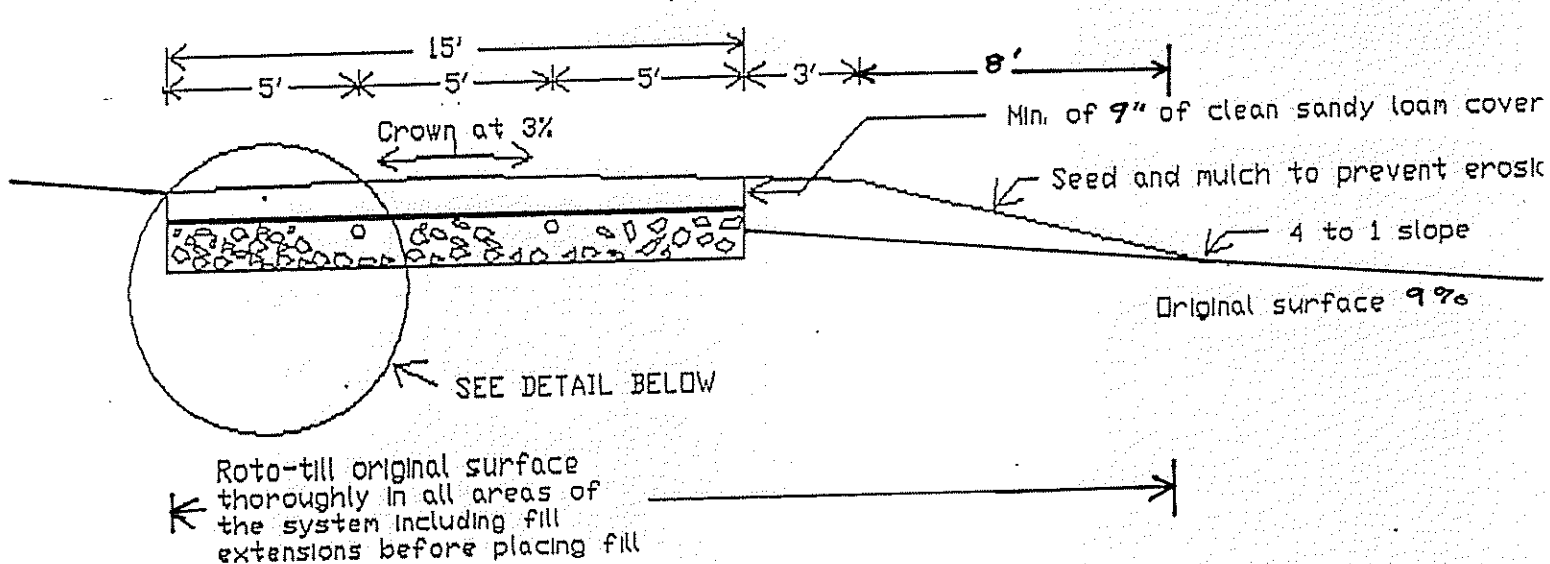
SEE ATTACHED CROSS SECTION

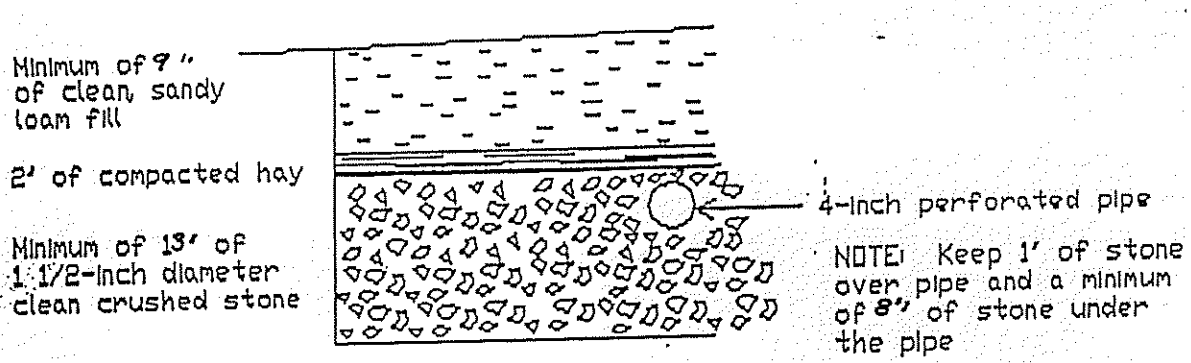
Paul Skemp 260 4/16/94

ATTACHMENT TO FORM HHE-200

ELEVATIONS

Reference Elevation is 0.00
Bottom of Disposal Area is -74"
Top of Distribution Lines is -62"





DETAIL OF BED

Depth of Fill (Upslope) = /
Depth of Fill (Downslope) = 16"

SCALE:

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

Erin Skaggs. DATE: 4/16/94