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 #	West River Road

PROPERTY OWNERS NAME

Last: Stiman First: David

Applicant Name:	David Stiman
Mailing Address of Owner/Applicant (If Different)	RFD 3 Box 124 Augusta, Maine

AUGUSTA 3028 TOWN COPY

Date Permit Issued: 7/21/94 $ 0.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # [illegible]

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.

X David Stiman 7-21-94

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.

[signature] 8/1/94

Local Plumbing Inspector Signature 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 25+
THE FAILING SYSTEM IS:
1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: Cesspool

SIZE OF PROPERTY: 28 Acres
ZONING: 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
Drilled Well

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.)
360 Gpd
3 Bedroom Moderate Flow

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	AIII-C

DEPTH TO LIMITING FACTOR: 16"

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: _____

20'x60' Bed

DESIGN FLOW: 360 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 7-21-94 (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.

[signature] 241 7-21-94

Site Evaluator Signature SE# Date

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

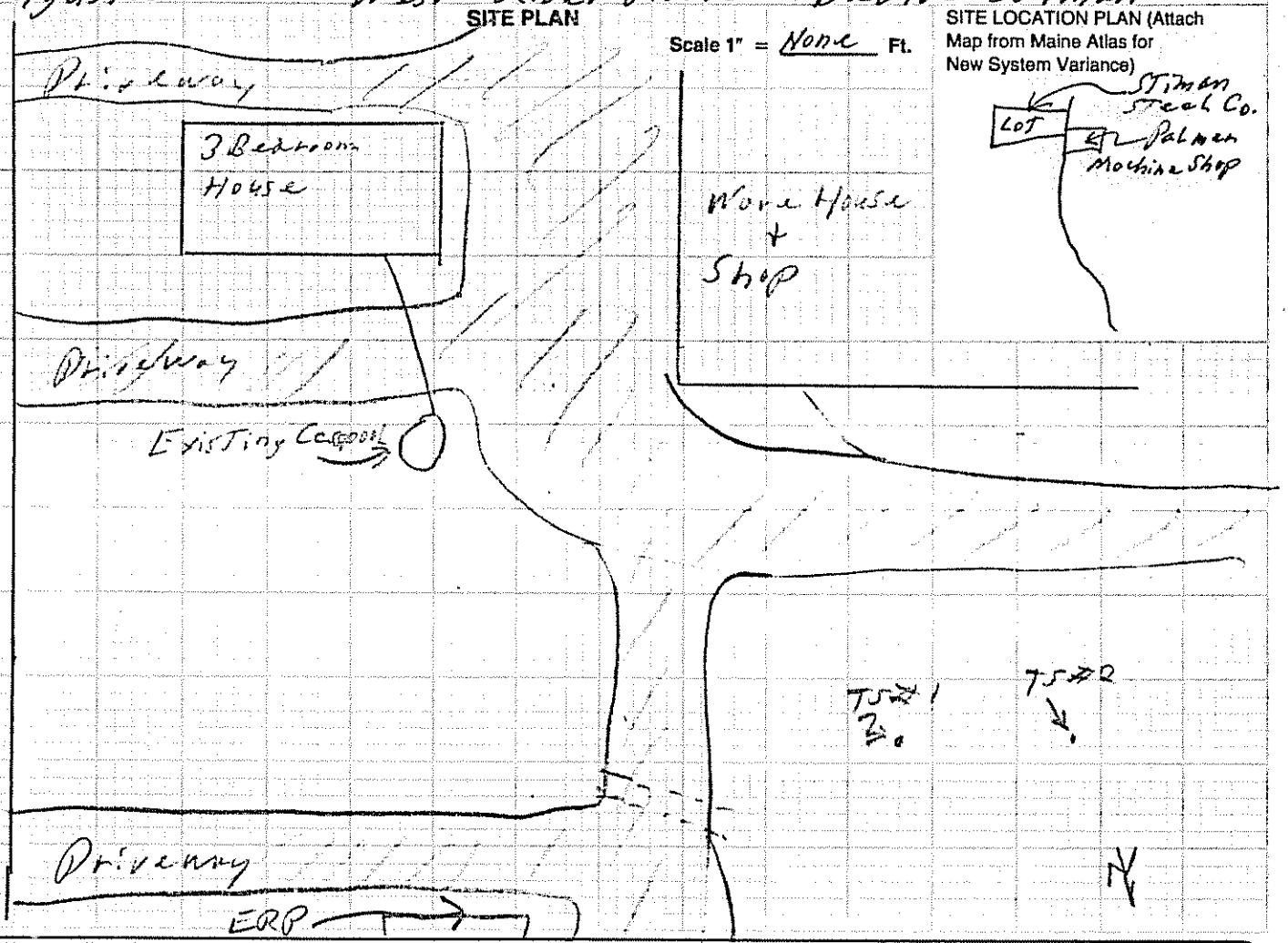
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	West River Road	David Stiman

SITE PLAN

Scale 1" = None 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

1-0 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches): 0, 6, 10, 15, 20, 30, 40, 50

Texture	Consistency	Color	Mottling
Sandy Loam	Friable	Brown	None
		Yellow Brown	
Fine Loamy Sand			Common Distinct
Sandy Loam	Firm	Olive	
	Rock		

Soil Profile	Classification Condition	Slope	Limiting Factor	
3	AIII-C	6-9 %	16"	☑ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole #2 — ☑ Test Pit ☐ Boring

1-0 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches): 0, 6, 10, 15, 20, 30, 40, 50

Texture	Consistency	Color	Mottling
Sandy Loam	Friable	Brown	None
		Red Brown	
Fine Loamy Sand		Yellow Brown	Mottled Common Distinct
Sandy Loam	Firm	Olive	
	Rock		

Soil Profile	Classification Condition	Slope	Limiting Factor	
3	AIII-C	8 %	15"	☑ Ground Water ☐ Restrictive Layer ☐ Bedrock

Site Evaluator Signature: [signature]

SE#: 241

Date: 7-21-94

HHE-200 Rev.1/84

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Division of Health Engineering

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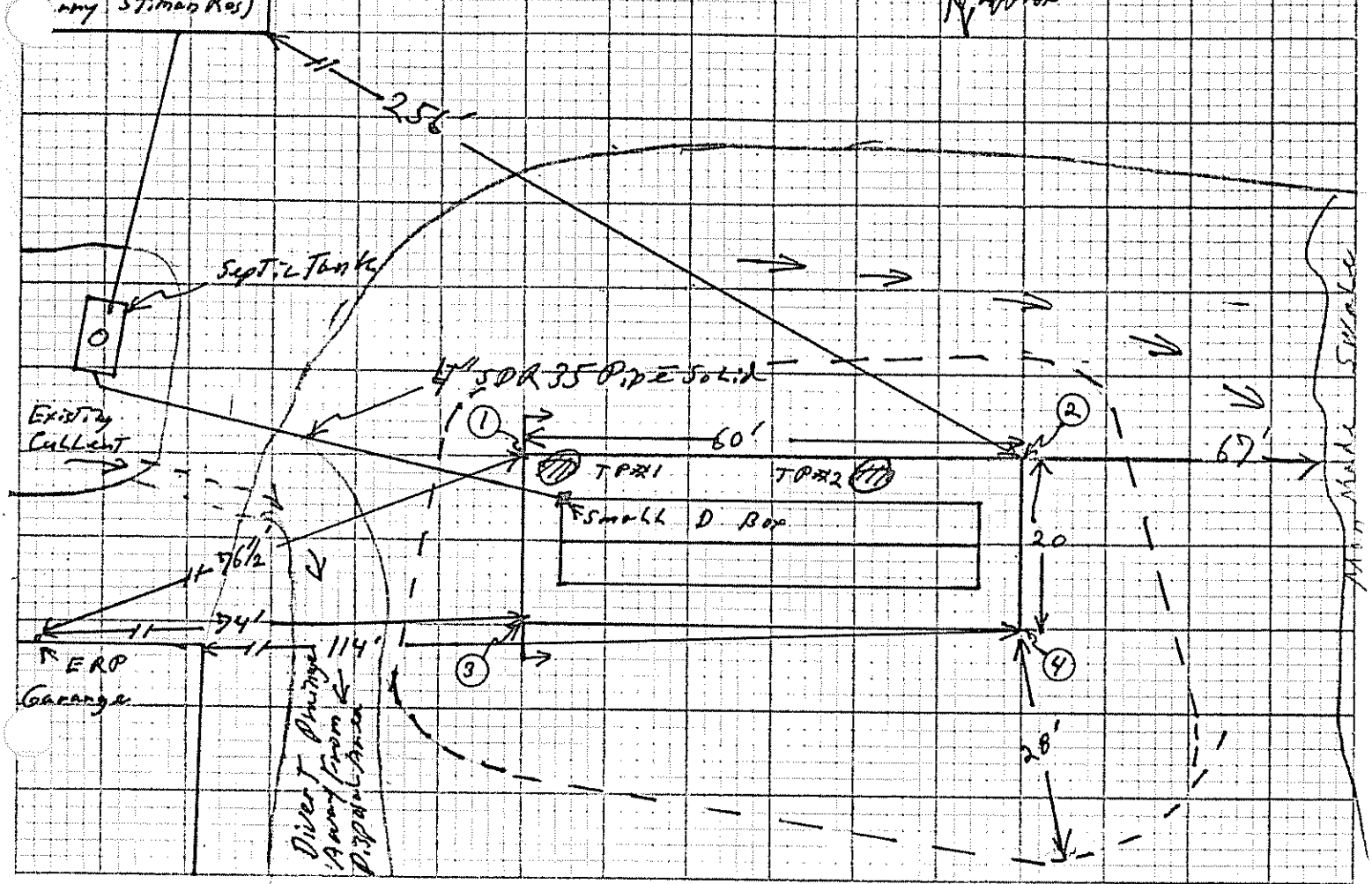
Augusta	River Road	David Stiman

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) (1) 21" (2) 35"
Depth of Fill (Downslope) (3) 30" (4) 49"

CONSTRUCTION ELEVATIONS

Reference Elevation is 0
Bottom of Disposal Area -78"
Top of Distribution Lines or Chambers -65"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

Flagged Nail in Between Garage Doors

DISPOSAL AREA CROSS SECTION

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

Construction Notes!

1. Protect Pipe from Freezing Across Drive. (2" Styrofoam + 4" Pipe inside 6" Pipe)

2. Ensure Drainage from Culvert Directed Away from Disposal Area.

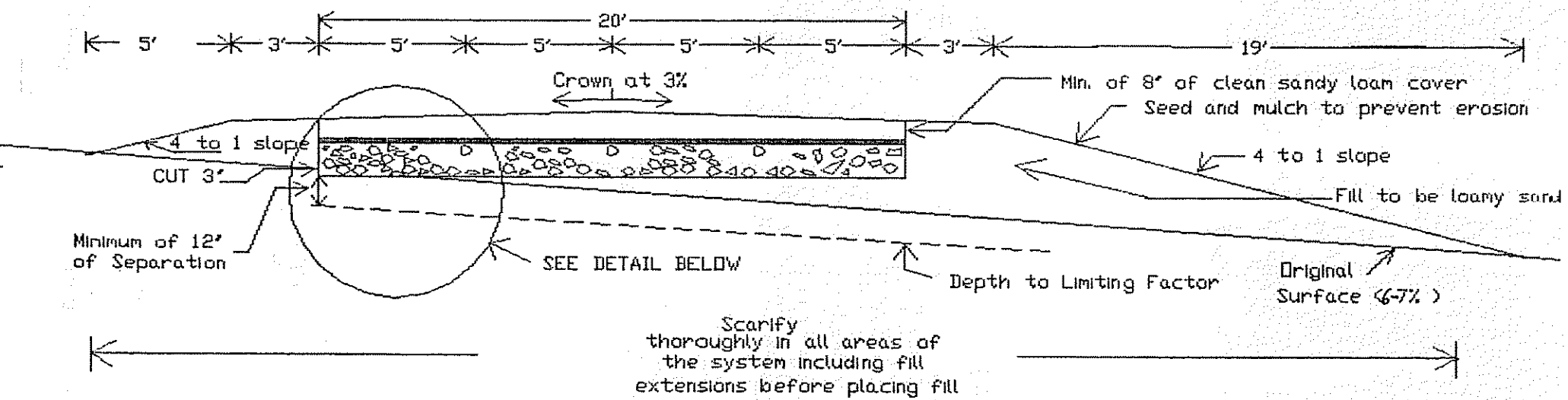
Site Evaluator Signature: [signature]
SE#: 241
Date: 7-21-94

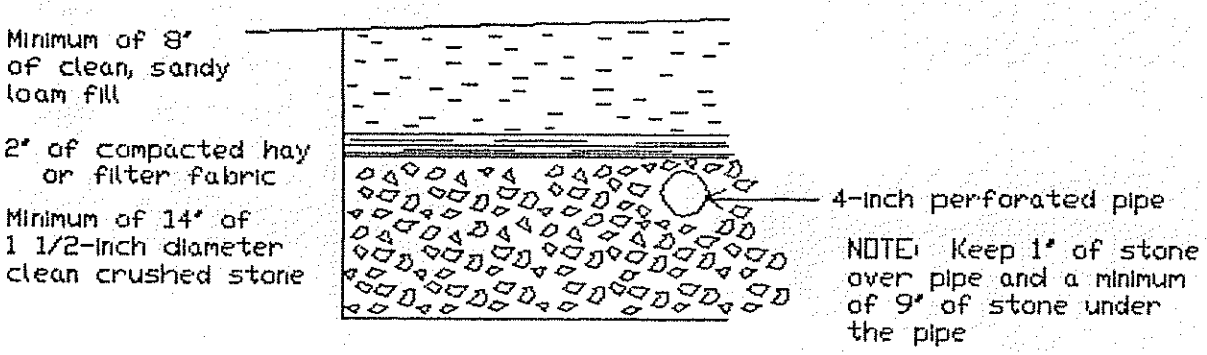
ATTACHMENT TO FORM HHE-200

Page 4 of 4
David Stiman
River Road Augusta
July, 21 1994

ELEVATIONS

Reference Elevation is 0
Bottom of Disposal Area is -78"
Top of Distribution Lines is -65"





DETAIL OF BED

Depth of Fill (Upslope) = 21"

Depth of Fill (Downslope) = 30"

SCALE:

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

DATE: 7-21-94

EUGENE DUBE SE 241