

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

01047801

PROPERTY ADDRESS	
Town Or Plantation	Augusta
Street	SPR LOGE TER
Subdivision Lot #	Eight Rod Road L-1
PROPERTY OWNER'S NAME	
Poulin Claude	
Last: Rodrigue	First: Rene
Applicant Name:	Rodrigue Builders
Mailing Address of Owner/Applicant (If Different)	R.F.D. 30-Box 13 Augusta, ME. 04330

Town Copy

CAUTION: PERMIT REQUIRED

AUGUSTA Subsurface Wastewater Disposal System 1757 TOWN COPY

Date Permit Issued: 10/15/89 Fee: \$ 140.00  Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 1550

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: [Signature] Date: 6-9-89

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: [Signature] Date Approved: 1-8-90

PERMIT INFORMATION

<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p> <p><b>SEASONAL CONVERSION</b> to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p> <p><b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS</p> <p>1. <input type="checkbox"/> BED      3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER    4. <input type="checkbox"/> OTHER _____</p> <p>SIZE OF PROPERTY: <u>1.1 acres</u>      ZONING: _____</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requires Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p> <p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p><b>INSTALLATION IS:</b></p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL.</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p><b>TYPE OF WATER SUPPLY</b> Drilled well</p>
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DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE <u>1000</u> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____</p>	<p><b>PUMPING</b></p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION &amp; ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED DOSE: <u>72</u> GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p><u>3 bedrooms</u></p>				
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table border="1" style="width: 100%;"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">A/C</td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>17/24"</u></p>	PROFILE	CONDITION	2	A/C	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA-LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>525</u> Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p><b>DESIGN FLOW:</b> <u>300</u> (GALLONS/DAY)</p>
PROFILE	CONDITION						
2	A/C						

SITE EVALUATOR STATEMENT

On 12/28/87 (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: [Signature]      SE# 51      Date 1/4/88

Approved for use as HHE 200 by Division of Health Engineering 9/87

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01047801

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

Eight Rod Road

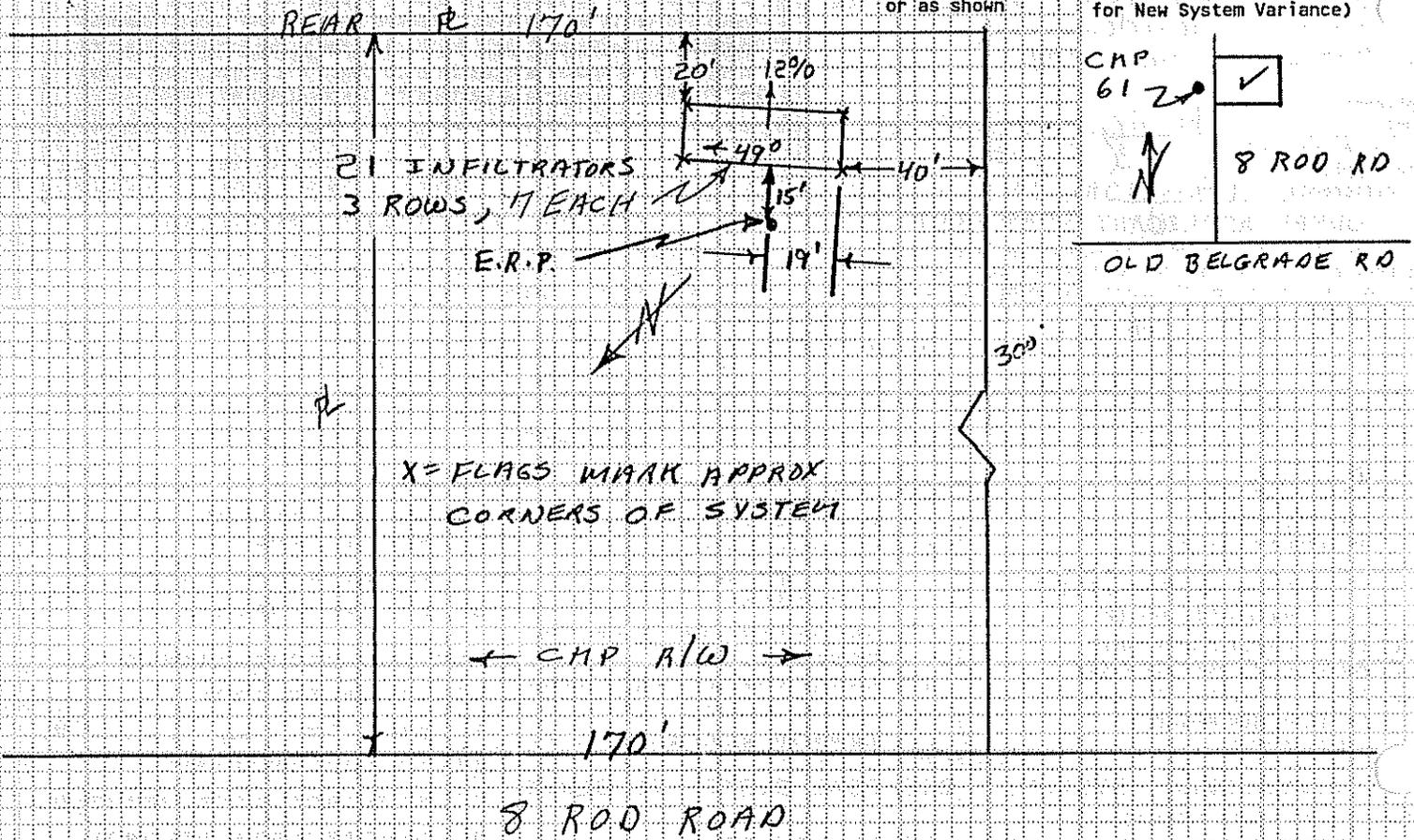
Rodrigue, Reny

## SITE PLAN

Scale: 1" = 50 Ft.  
or as shown

## 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

+2 " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0				
6	S.L.	FRIBLE	B	
10				
15				
20	G.T.	FIRM	G.B	
24	BEDROCK 24"			
30				
40				
50				

Soil Classification 2 Profile A/C Slope 12% Limiting Factor 17/24  Ground Water  Restr. Layer  Bedrock

Observation Hole \_\_\_\_\_  Test Pit  Boring

\_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Classification \_\_\_\_\_ Profile \_\_\_\_\_ Slope \_\_\_\_\_ % Limiting Factor \_\_\_\_\_  Ground Water  Restr. Layer  Bedrock

*Alfred W. ...*  
Site Evaluator Signature

51  
SE#

1/4/88  
Date

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Health Engineering 9/87

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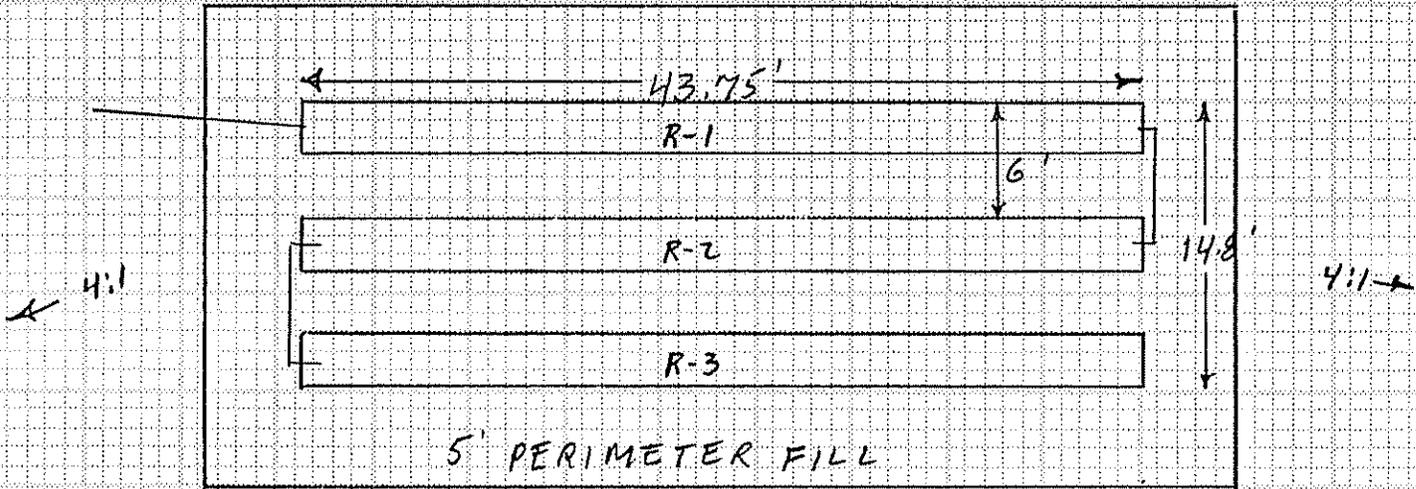
Eight Rod Road

Rodrigue, Reny

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 10 Ft.  
or as shown

A



EXTEND FILL ON 4:1  
SLOPE  
4:1 +  
B

**FILL REQUIREMENTS**  
Depth of Fill (Upslope)  
Depth of Fill (Downslope)

21"  
31"

**CONSTRUCTION ELEVATION**  
Reference Elevation is  
Bottom of Disposal Area  
Top of Distribution Lines or Chambers

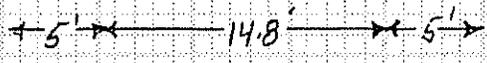
0  
-64"  
-49"

**ELEVATION REFERENCE POINT**  
NAIL IN 6" BIRCH

### DISPOSAL AREA CROSS SECTION

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

- ① 6" TOPSOIL MIN
- ② SANDY GRAVEL FILL
- ③ LOAMY SAND FILL
- ④ 21 INFILTRATORS, 3 ROWS, 7 EACH



**BOTTOM ELEV**

R-1	-64"
R-2	-70"
R-3	-76"

*Alvin W. [Signature]*  
Site Evaluator Signature

51  
SE#

1/4/88  
Date

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Health Engineering 9/87