SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Subdivision Lot #	EIGHT ROD ROAD

PROPERTY OWNERS NAME

Last: PAQUETTE First: DANIEL

Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	BOX 9 BELGRADE, ME. 04917

M2 L125

AUGUSTA PERMIT # 240 STATE COPY

Date Permit Issued: 6/13/84 $ 40.00 FEE ☐ If Double Fee Charged

Robert St Pierre
Local Plumbing Inspector Signature

L.P.I. # 667

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]
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 6/21/84
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. [X] NEW SYSTEM
2. [ ] REPLACEMENT SYSTEM
3. [ ] EXPANDED SYSTEM
4. [ ] SEASONAL CONVERSION
5. [ ] EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. [X] 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. [X] 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: N/A

1. [ ] BED 3. [ ] TRENCH
2. [ ] CHAMBER 4. [ ] OTHER _____

DISPOSAL SYSTEM TO SERVE:

1. [X] SINGLE FAMILY DWELLING
2. [ ] MODULAR OR MOBILE HOME
3. [ ] MULTIPLE FAMILY DWELLING
4. [ ] OTHER _____ SPECIFY

SIZE OF PROPERTY	ZONING
2± Ac.	

TYPE OF WATER SUPPLY

Drilled Well Proposed

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. [X] SEPTIC: [X] Regular [ ] Low Profile
2. [ ] AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION

1. [ ] NONE SUGGESTED
2. [X] LOW VOLUME TOILET
3. [ ] SEPARATED LAUNDRY SYSTEM
4. [ ] ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

1. [X] 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.)

2 BEDROOMS
MIN. PER CODE:

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C (ATYPICAL)

DEPTH TO LIMITING FACTOR 20"

SIZE RATINGS USED FOR DESIGN PURPOSES

1. [ ] SMALL
2. [ ] MEDIUM
3. [X] MEDIUM-LARGE
4. [ ] LARGE
5. [ ] EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. [X] BED _____ Sq. Ft.
2. [ ] CHAMBER _____ Sq. Ft.
   [ ] REGULAR [ ] H-20
3. [ ] TRENCH _____ Linear Ft.
4. [ ] OTHER: _____

DESIGN FLOW: 180 G.P.D. (GALLONS/DAY)

SITE EVALUATOR STATEMENT

(☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

On 4/8/84 (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.

Paul A. Beers #56 4/9/84
Site Evaluator or Professional Engineer's Signature USE# PE# Date

STATE OF MAINE PAUL A. BEERS NO. 56 LICENSED SOIL EVALUATOR

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

City [signature]

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: AUGUSTA

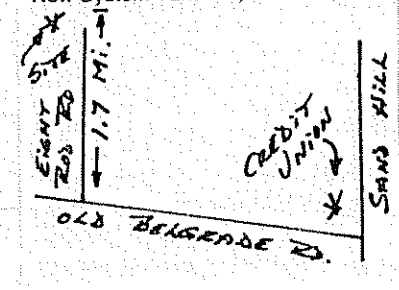
Street, Road, Subdivision: EIGHT ROD ROAD

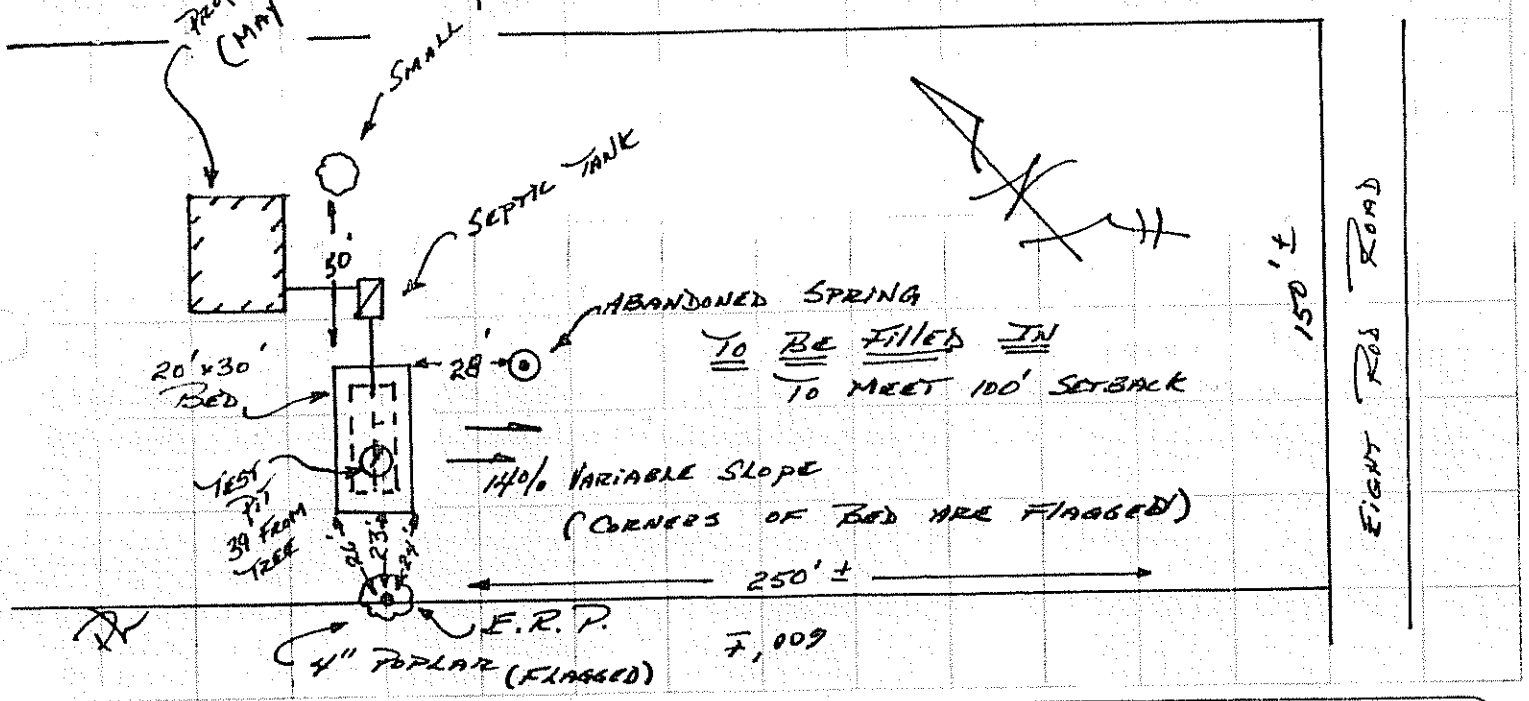
Owners Name: DANIEL PAQUETTE

SITE PLAN

Scale 1" = 50' 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

2 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling
LOAMY VERY FINE SAND	VERY FRIABLE	DK BROWN	
		OLIVE BROWN	
F.S.L.	FIRM	OLIVE GRAY	FEW FAINT @ 20"
REVERSAL	V. FIRM		
Atypical Profile - SANDS OVER TILL			

Soil Profile	Classification Condition	Slope %	Limiting Factor	
3	C	14	20	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole ____ ☐ Test Pit ☐ Boring

" Depth of Organic Horizon Above Mineral Soil

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Texture	Consistency	Color	Mottling

Soil Profile	Classification Condition	Slope %	Limiting Factor	
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Paul C. Beers — Site Evaluator or Professional Engineer's Signature

#56 — SE# / PE#

4/9/84 — Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

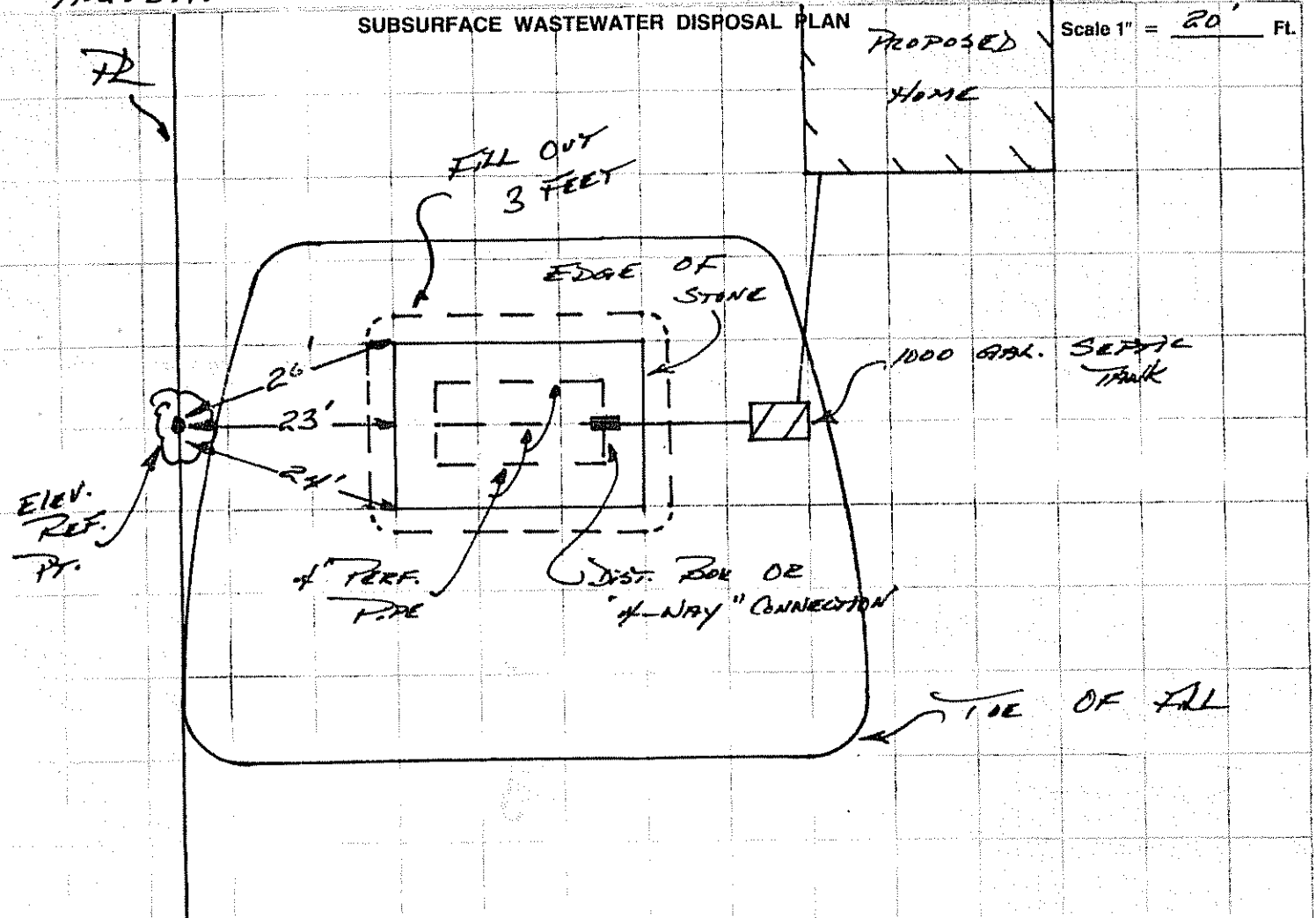
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: EIGHT RD ROAD

Owners Name: DANIEL LAQUETTE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	16"	Reference Elevation is	60"	NAIL IN POPLAR
Depth of Fill (Downslope)	50"	Bottom of Disposal Area	0"	67" UP FROM BASE
		Top of Distribution Lines or Chambers	11"	

DISPOSAL AREA CROSS SECTION

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

INSTALLATION NOTES:

- REMOVE ORGANIC PAD BENEATH BED + FILL EXTENSIONS
- DIVERT SURFACE WATER AWAY FROM BED
- STABILIZE BED + FILL BY SEED + MULCH
- DEPTHS OF FILL WILL VARY DUE TO VARIABLE SLOPE

{SEE ATTACHED SHEET FOR BED X-SECTION}

Paul C. Beers
Site Evaluator or Professional Engineer's Signature

#56
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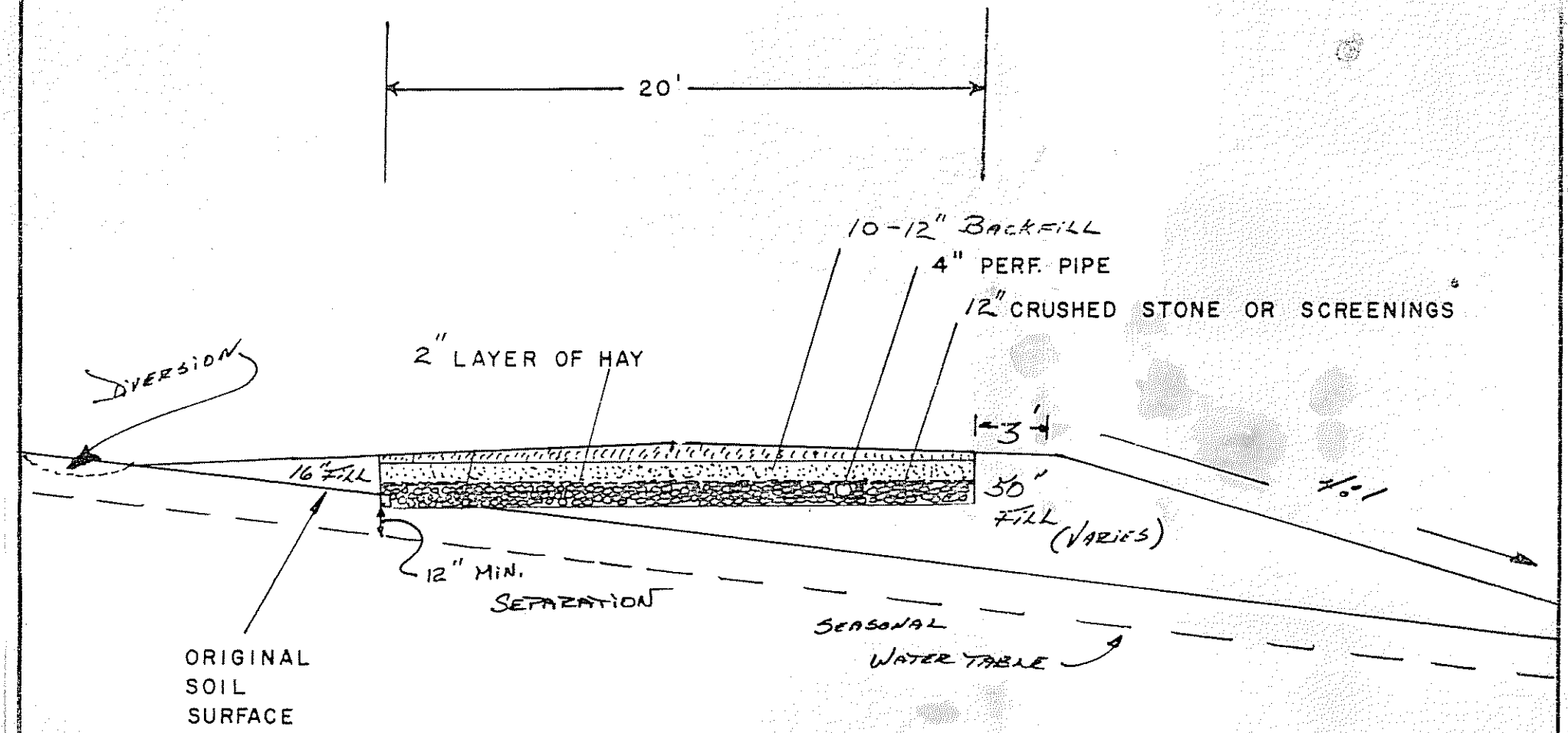
Date



% SLOPE 14%

DIRECTION OF SLOPE →

PAUL A. BEERS SOILS CONSULTANT		
DATE 4/9/84	DRAWN BY Beers	APPROVED BY
SCALE 1" = 5'	REVISED	
CROSS SECTION = BED SYSTEM		
NAME DANIEL RAQUETTE		DRAWING NUMBER ATTACHMENT TO: HHE - 200
TOWN AUGUSTA		

84-240

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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Division of Health Engineering
(207) 289-3826

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PROPERTY OWNERS NAME

Last: PAQUETTE First: DANIEL

Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	BOX 9 BELGRADE, ME. 04917

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

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.

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SIZE OF PROPERTY	ZONING
2± AC.	

TYPE OF WATER SUPPLY

DRILLED WELL PROPOSED

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

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SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C (ATYPICAL)

DEPTH TO LIMITING FACTOR: 20"

SIZE RATINGS USED FOR DESIGN PURPOSES

1. [ ] SMALL
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Paul A. Beers
Site Evaluator or Professional Engineer's Signature

#56
SE# PE#

STATE OF MAINE PAUL A. BEERS NO. 56 LICENSED SOIL EVALUATOR

4/9/84
Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

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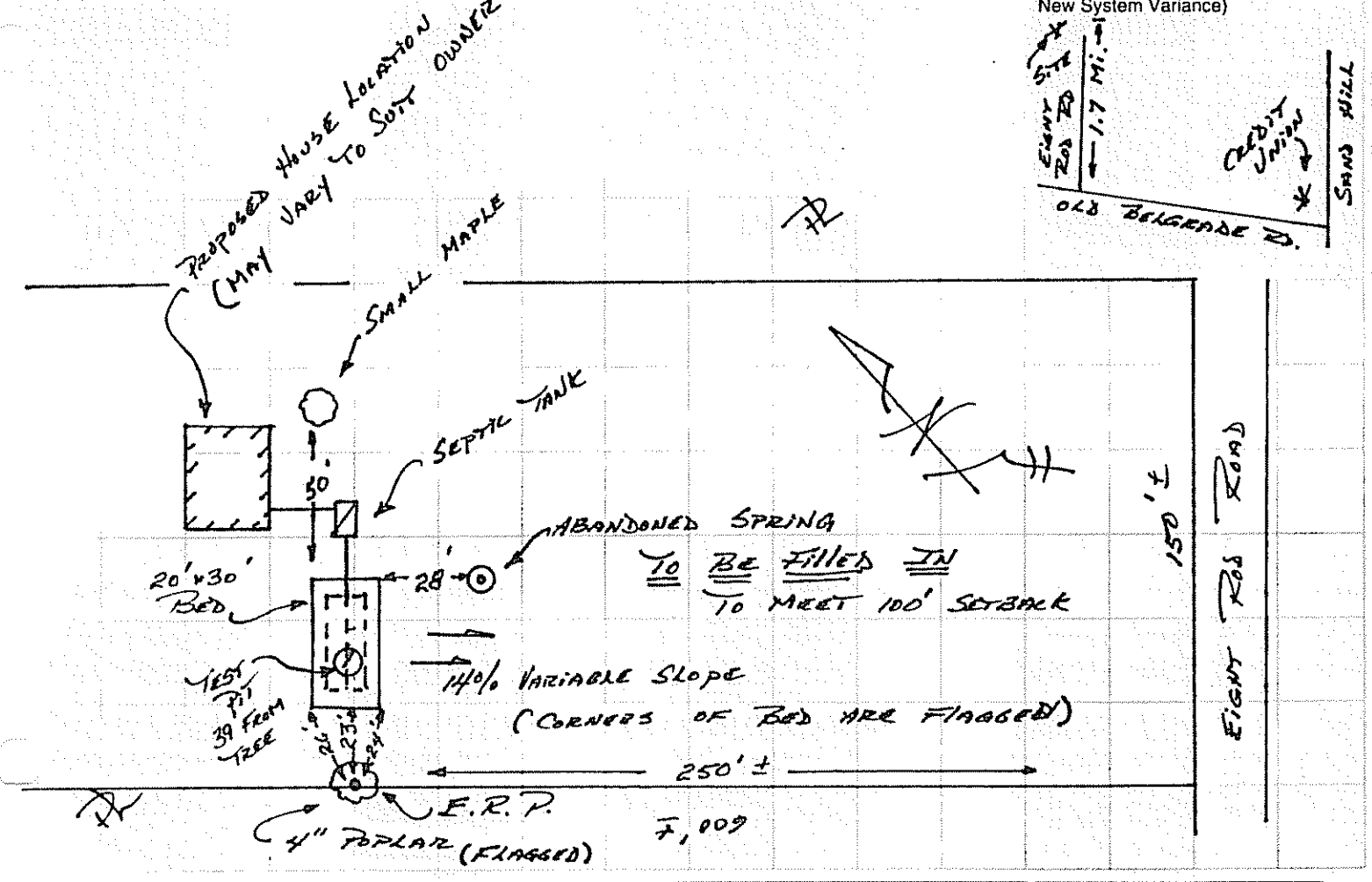

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REFUSAL	V. FIRM		
ATYPICAL PROFILE - SANDS OVER TILL			

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Observation Hole _____ ☐ Test Pit ☐ Boring

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Soil Profile	Classification Condition	Slope %	Limiting Factor	
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Site Evaluator or Professional Engineer's Signature

#56
SE# / PE#

4/9/84
Date

HHE - 200 Rev. 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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Division of Health Engineering

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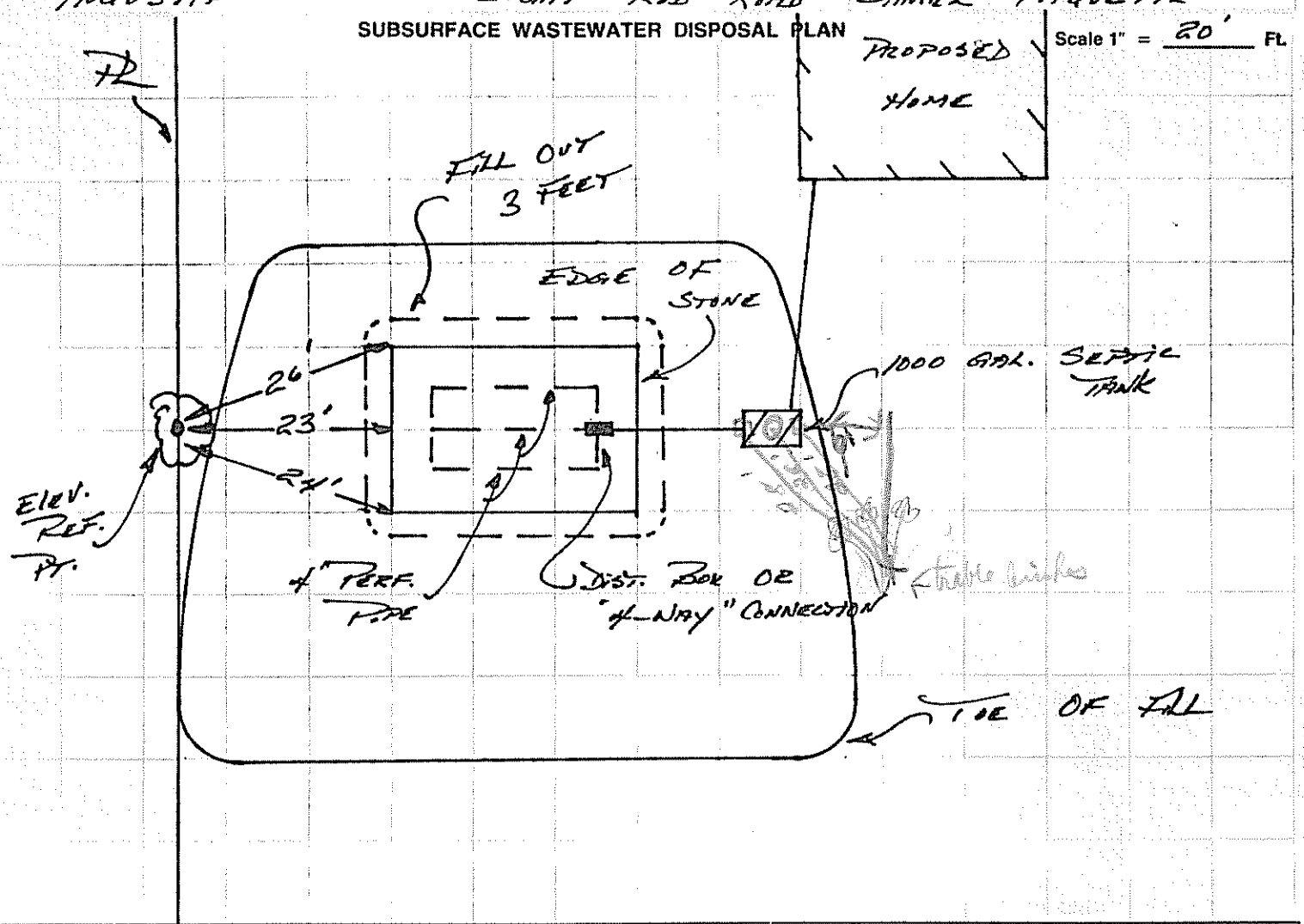

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Site Evaluator or Professional Engineer's Signature

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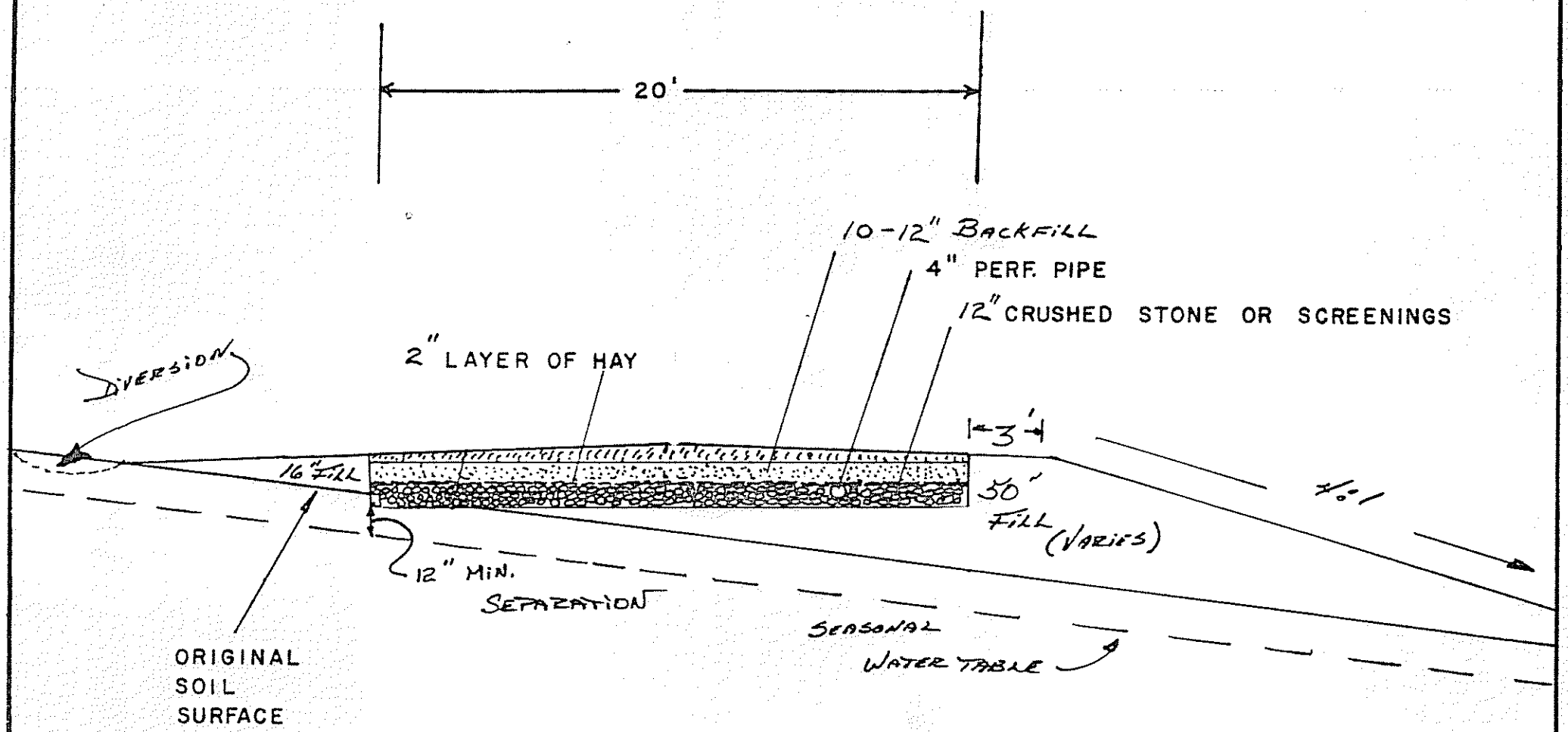
Date



% SLOPE 14%

DIRECTION OF SLOPE →

PAUL A. BEERS SOILS CONSULTANT		
DATE 4/9/84	DRAWN BY Beers	APPROVED BY
SCALE 1" = 5'	REVISED	
CROSS SECTION = BED SYSTEM		
NAME DANIEL PAQUETTE		DRAWING NUMBER ATTACHMENT TO: HHE - 200
TOWN AUGUSTA		