

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

M2 2202

11137627

PROPERTY ADDRESS
 Town Or Plantation: Augusta
 Street: 20 Rodrigue Heights
 Sub. Division Lot #: Green Acres Sub. Lot 19

PROPERTY OWNER'S NAME
 Last: Rodrigue First: Reny

Applicant Name: Rodrigue Builders
 Mailing Address of Owner/Applicant (If Different): R-3 B-979
Augusta Me 04330

CAUTION: PERMITS REQUIRED

AUGUSTA 2459 TOWN COPY
 Date Permit Issued: 7-8-92 \$ 1618.00 FEE Charged
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 18150

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] 7-6-92
 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] 7/5/92
 Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p> <p>SEASONAL CONVERSION to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____ SYSTEM DESIGN RECORDED AND ATTACHED</p> <p>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p> <p>SIZE OF PROPERTY: <u>30000+-ft</u> ZONING: _____</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input type="checkbox"/> Requires Local Plumbing Inspector Approval b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p> <p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL. 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>TYPE OF WATER SUPPLY Drilled well</p>
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DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED 2. <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION & ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: <u>87</u> GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>4 bedrooms</u></p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>2</u> CONDITION: <u>C/A</u> DEPTH TO LIMITING FACTOR: <u>20/24"</u></p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA-LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER <u>600</u> Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____</p>	<p>DESIGN FLOW: <u>360</u> (GALLONS/DAY)</p>

EVALUATOR STATEMENT
 On 11/13/87 (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.

[Signature] 51 11/13/87
 Site Evaluator Signature SE# Date

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

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

11137627

Town, City, Plantation
Augusta

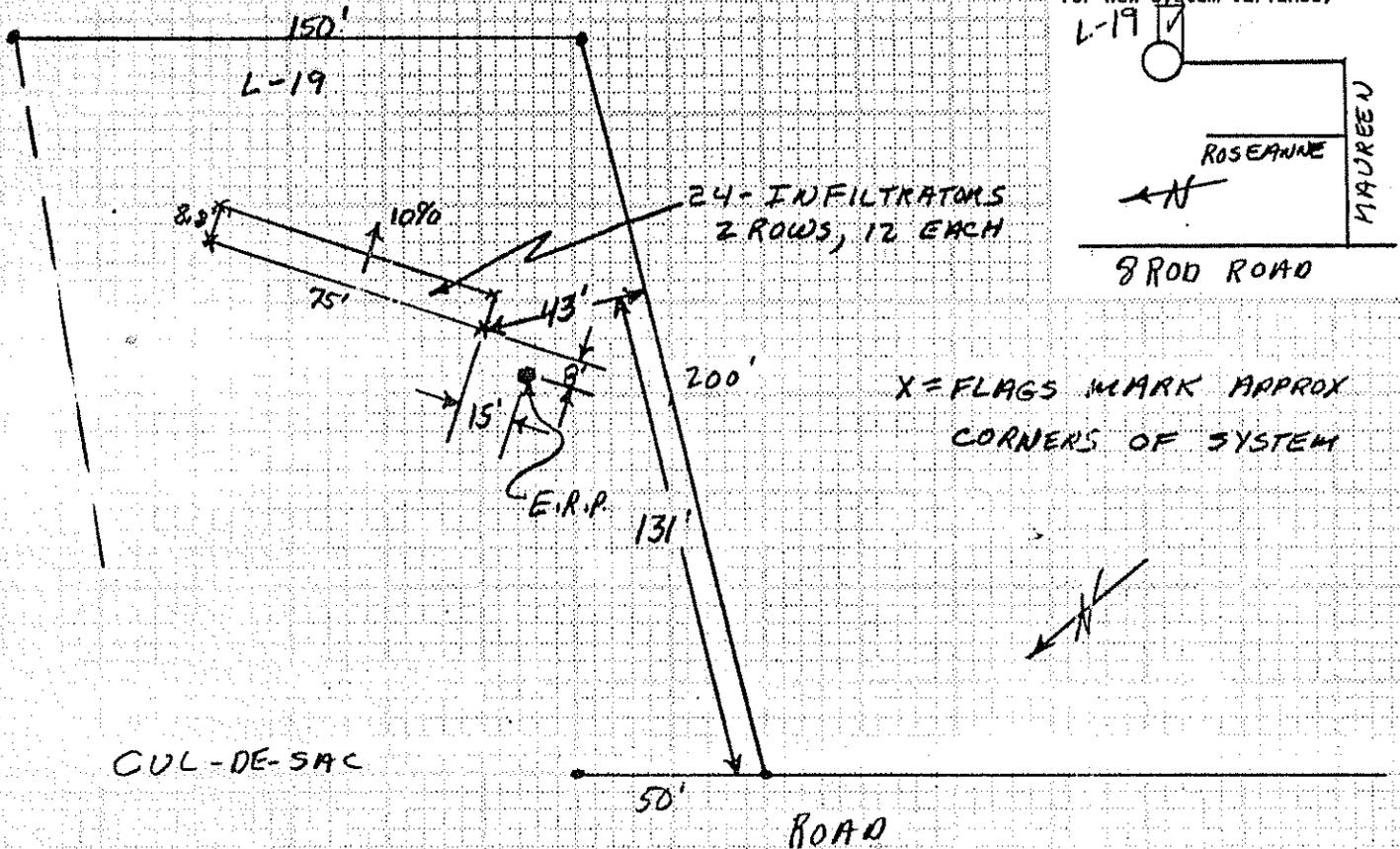
Street, Road, Subdivision
Green Acres Sub. Lot 19

Owner's Name
Rodrigue, Remy

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.	FRITABLE	B	
10				
15				
20	G.T.	FIRM	GIB	20"
24	BEDROCK		24"	
30				
40				
50				

Soil Classification 2 CIA Slope 10% Limiting Factor 24 Ground Water Restr. Layer Bedrock

Profile Condition

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 _____ Slope _____ % Limiting Factor _____ Ground Water Restr. Layer Bedrock

Profile Condition

Alan W. Rod...
Site Evaluator Signature

51
SE#

11/13/87
Date

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

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Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

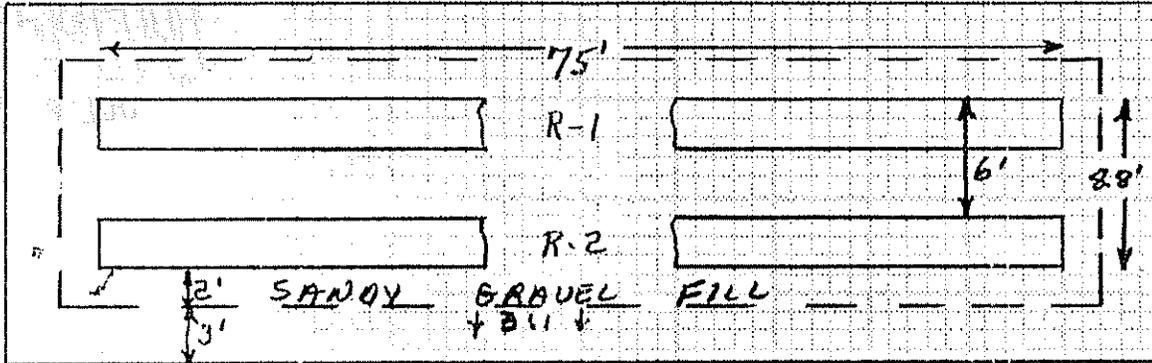
Green Acres Sub. Lot 19

Rodrigue, Remy

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 10 Ft.
or as shown

A



EXTEND LOAMY SAND FILL
ON 4:1 SLOPE

B

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

21"
26"

CONSTRUCTION ELEVATION

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

R-1
-60"
-45"

ELEVATION REFERENCE POINT

NAIL IN 12" OAK

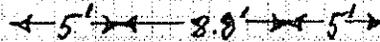
DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.

Horizontal: 1 inch = 10 Ft.

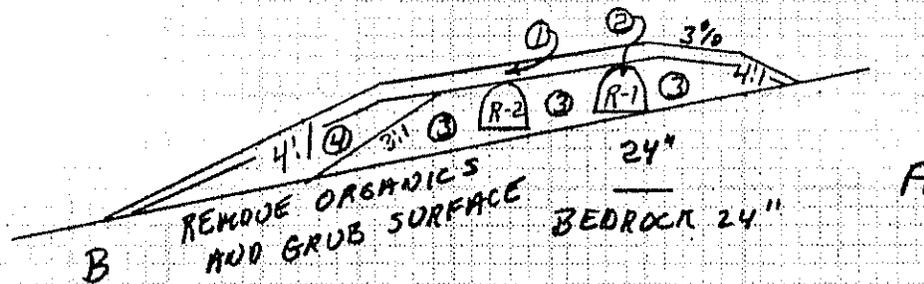
- ① 6" TOPSOIL
- ② 24 INFILTRATORS, 2 ROWS, 12 EACH
- ③ SANDY GRAVEL FILL
- ④ LOAMY SAND FILL



BOTTOM ELEU

R-1 -60"

R-2 -66"



William W. Anderson
Site Evaluator Signature

51
SE#

11/13/87
Date

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Health Engineering 9/87