622-9453

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

M2 L205

AUGUSTA PERMIT # 1,010 TOWN COPY

Date Permit Issued: 4/23/87 $ 150.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 1801

Caution: Do not begin installation until permit is issued. Failure to obtain permit is violation of State Subsurface Wastewater Disposal Rules

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Subdivision Lot #	RODRIGUE HGT'S L-22

PROPERTY OWNERS NAME

Last: RODRIGUE First: PAUL

Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	

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.

Susan R. Hiram 4-17-87
for Paul J. Rodrigue
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.

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. ☒ NEW SYSTEM
2. ☐ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ SEASONAL CONVERSION
5. ☐ EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. ☒ NO RULE VARIANCE REQUIRED
2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form
   ☐ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
3. ☐ Requiring Local Plumbing Inspector Approval
4. ☐ Requires State and Local Plumbing Inspector Approval

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
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:

1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: ____

DISPOSAL SYSTEM TO SERVE:

1. ☒ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER ____ SPECIFY

SIZE OF PROPERTY: 1 1/4± Ac

ZONING:

TYPE OF WATER SUPPLY

DRILLED

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: 75 GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

3 BEDROOMS

RECEIVED APR 17 1987

DESIGN FLOW: 300 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 22

SIZE RATINGS USED FOR DESIGN PURPOSES

1. ☐ SMALL
2. ☐ MEDIUM
3. ☒ MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. ☒ BED 1000 Sq. Ft.
2. ☐ CHAMBER ____ Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH ____ Linear Ft.
4. ☐ OTHER: ____

SITE EVALUATOR STATEMENT

☐ SITE EVALUATION WAIVED BY LOCAL OPTION

On 12/1/86 (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.

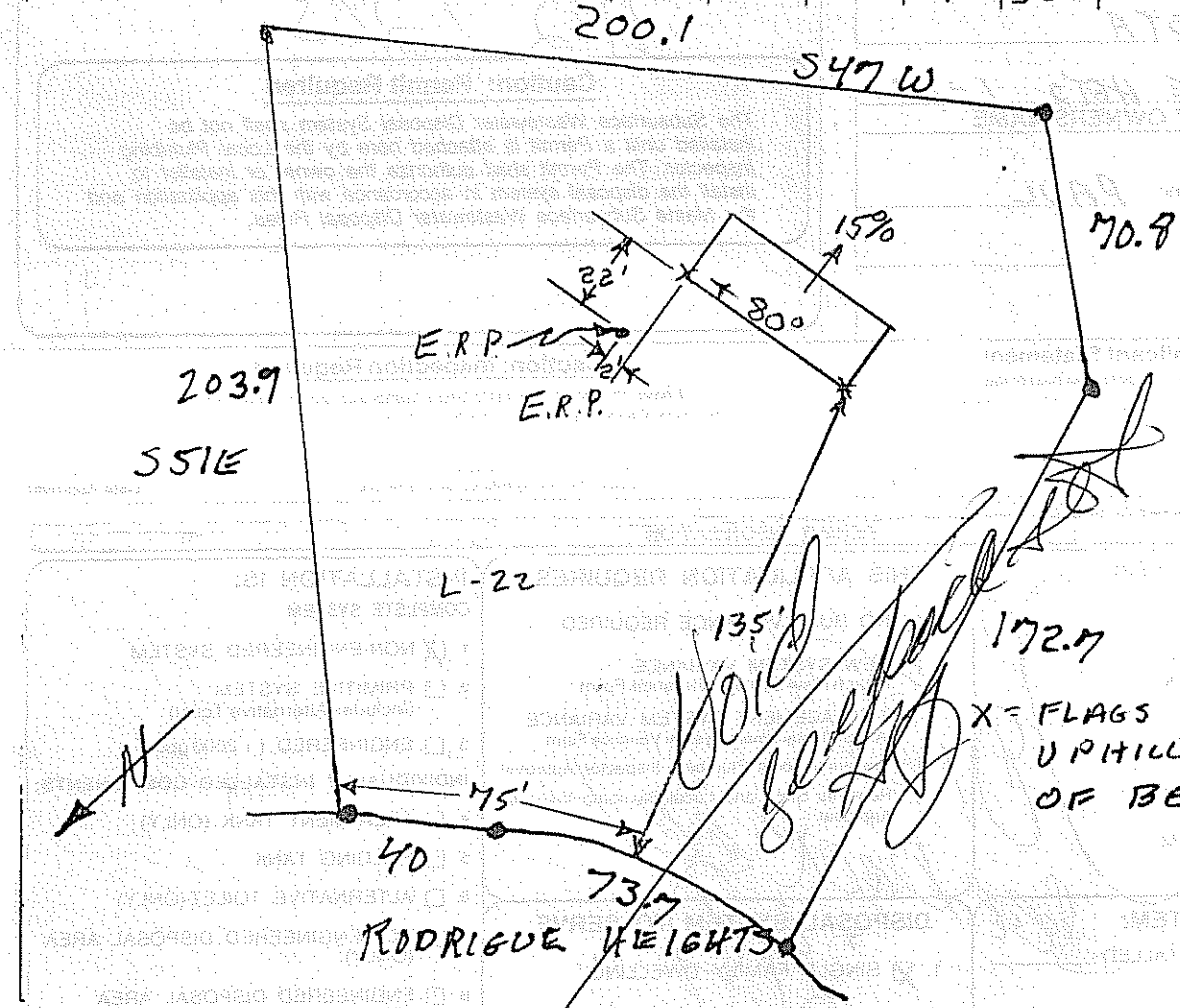
Site Evaluator Signature #51 SE# 12/6/86 Date

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

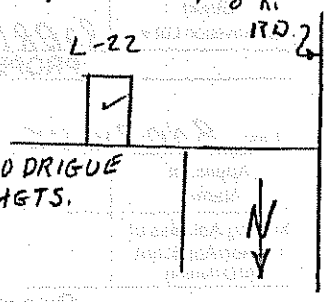
SURFACE WASTEWATER DISPOSAL SYSTEM LOCATION — Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name

SITE PLAN 1" = 50'



SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance) 8 R. RD. 2



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

Observation Hole 1 ☐ Test Pit ☒ Boring

+1 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling
S.L. TO L.S.	FRIABLE	B.	
G.T.	FIRM	G.B	

22

Soil (Profile)	Classification (Condition)	Slope	Limiting Factor	
3	C	15 %	22"	☒ 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

Soil (Profile)	Classification (Condition)	Slope	Limiting Factor	
		%		☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

Site Evaluator or Professional Engineer's Signature — SE# PE# #51 — Date 12/6/86

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

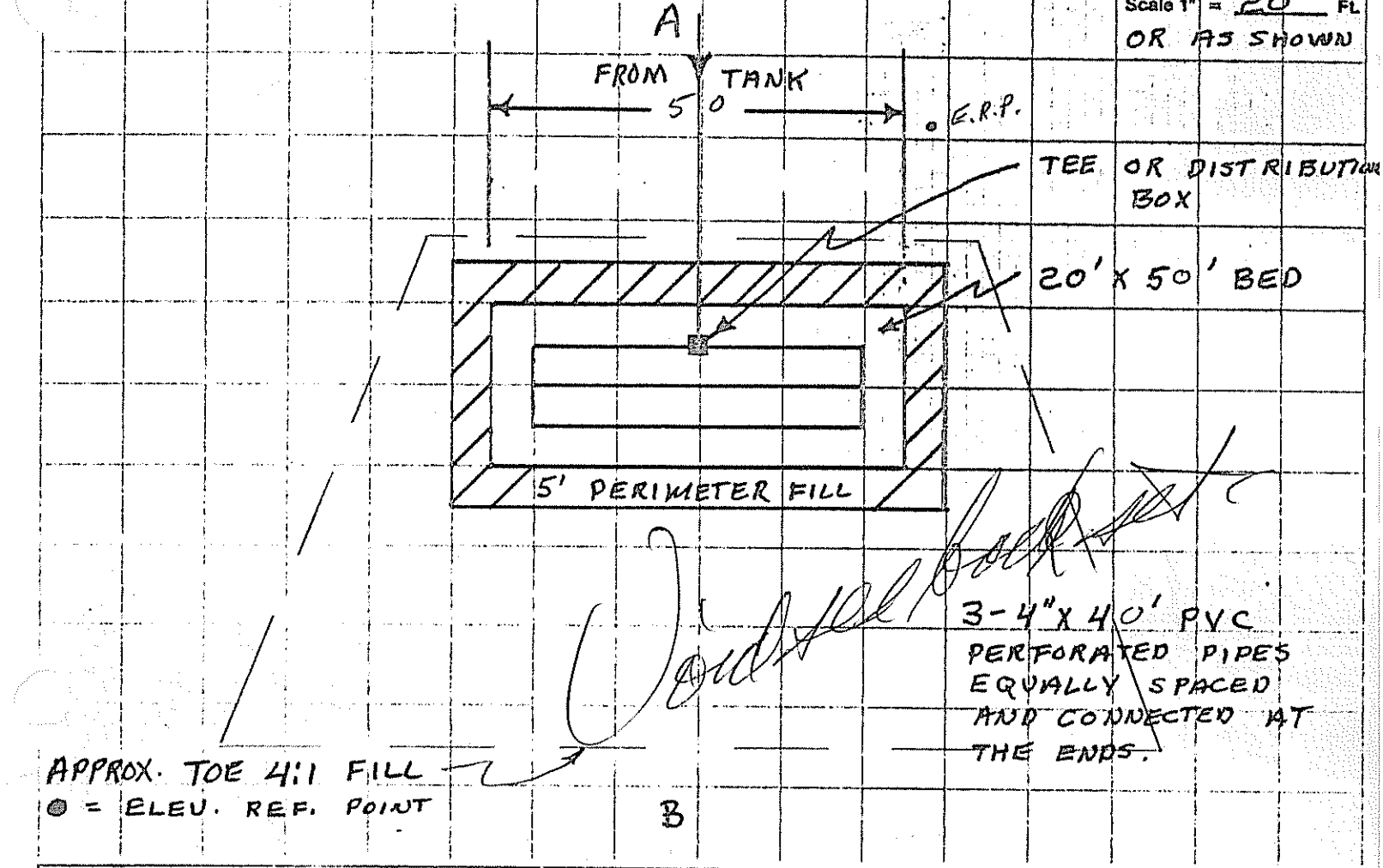
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: RODRIGUE HGT. L-22

Owners Name:

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL OR AS SHOWN



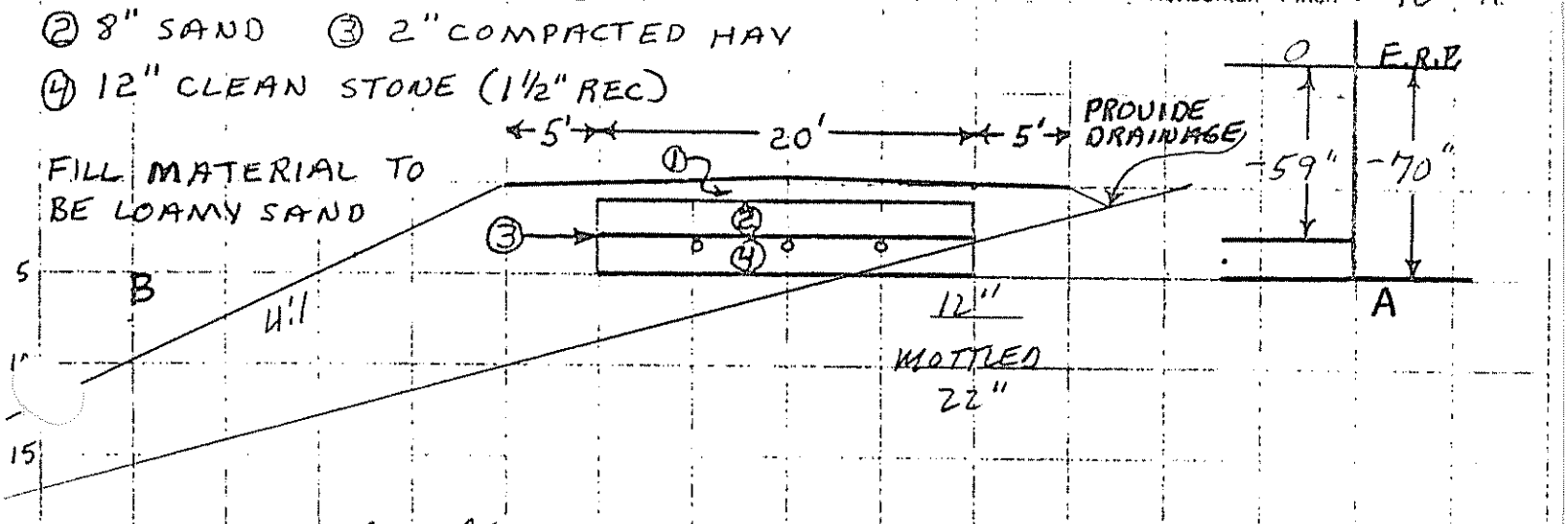
FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	14"	Reference Elevation is	0	NAIL IN 8" CHERRY TREE
Depth of Fill (Downslope)	60±	Bottom of Disposal Area	-70"	
		Top of Distribution Lines or Chambers	-59"	

DISPOSAL AREA CROSS SECTION

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

① 3" TOPSOIL CROWNED @ 3%
② 8" SAND ③ 2" COMPACTED HAY
④ 12" CLEAN STONE (1½" REC)

FILL MATERIAL TO BE LOAMY SAND



Wm W Richard
Site Evaluator or Professional Engineer's Signature

#51
SE # / PE #

12/6/86
Date

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 #	Burgess RODRIGUE HGTS L-22

PROPERTY OWNERS NAME

Burgess. William

Last: RODRIGUE First: PAUL

Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	

Caution: [illegible]d

The Subsurface Wastewater Disposal [illegible] 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.

Susan R. Hiray 5-27-87

Signature of Owner/Applicant Date

Rodrigue Builders Inc.

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 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. [ ] Requiring Local Plumbing Inspector Approval
4. [ ] Requires 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:

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
1 1/4± Ac	

TYPE OF WATER SUPPLY

DRILLED

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

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

SIZE: 1500 GALS.

WATER CONSERVATION

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

SPECIFY: _____

PUMPING

1. [ ] NOT REQUIRED
2. [X] MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
3. [ ] REQUIRED

DOSE: 75 GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

4 BEDROOMS

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 22

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 1200 Sq. Ft.
2. [ ] CHAMBER _____ Sq. Ft.
   [ ] REGULAR [ ] H-20
3. [ ] TRENCH _____ Linear Ft.
4. [ ] OTHER: _____

DESIGN FLOW: 360 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

([ ] SITE EVALUATION WAIVED BY LOCAL OPTION)

On 12/1/86 (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 12/6/86

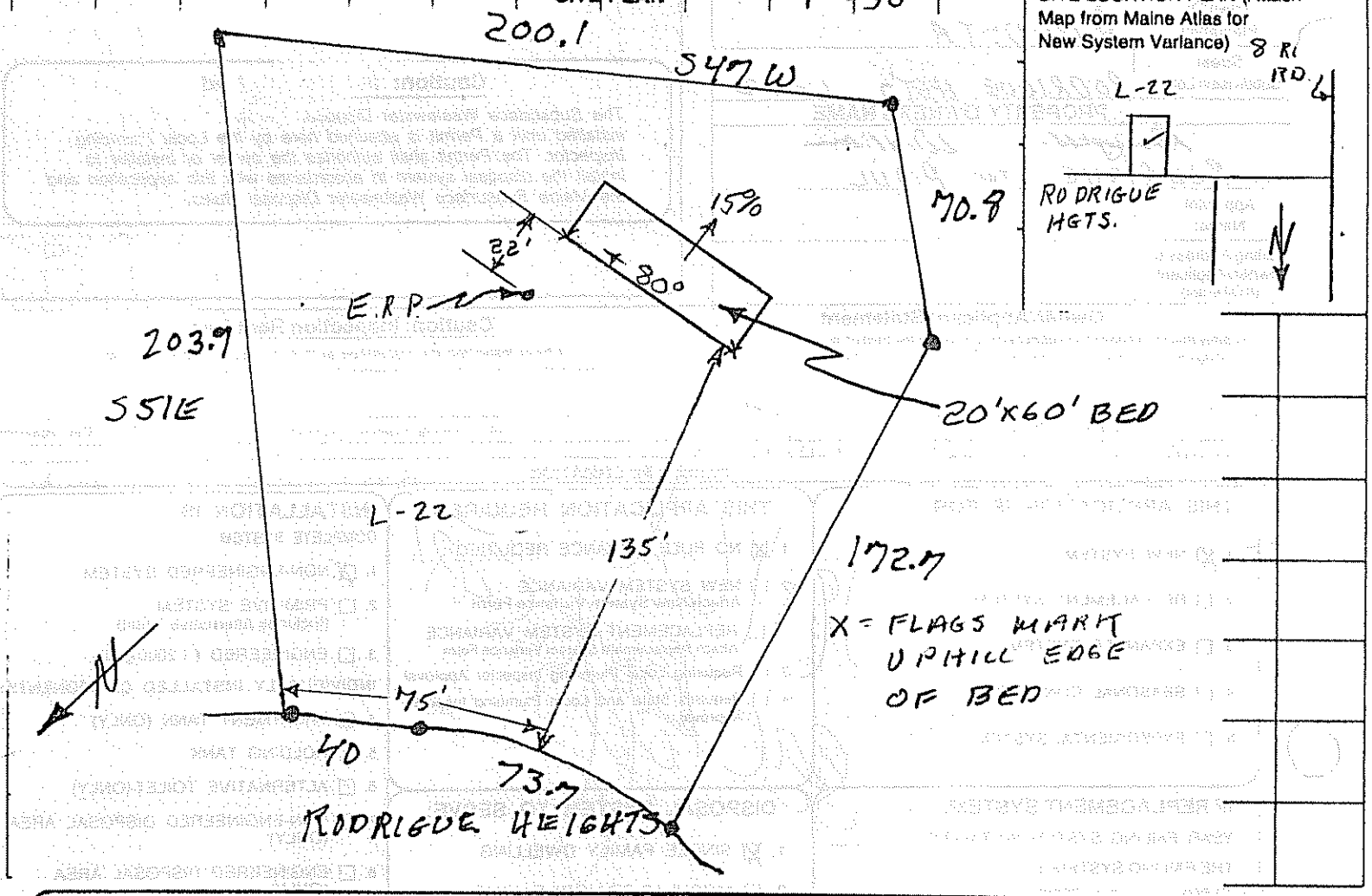
Site Evaluator Signature SE# Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM LOCATION — Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name

SITE PLAN 1" = 50'



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 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0–8	S.L. TO L.S.	FRIABLE	B	
8–22				
22–30	G.T.	FIRM	G.B	
30–50				

Soil Profile	Classification Condition	Slope	Limiting Factor	
3	C	15 %	22"	☒ 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
0–8				
8–22				
22–30				
30–50				

Soil Profile	Classification Condition	Slope	Limiting Factor	
		%		☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

Site Evaluator or Professional Engineer's Signature — SE# PE# #51 — Date 12/6/86

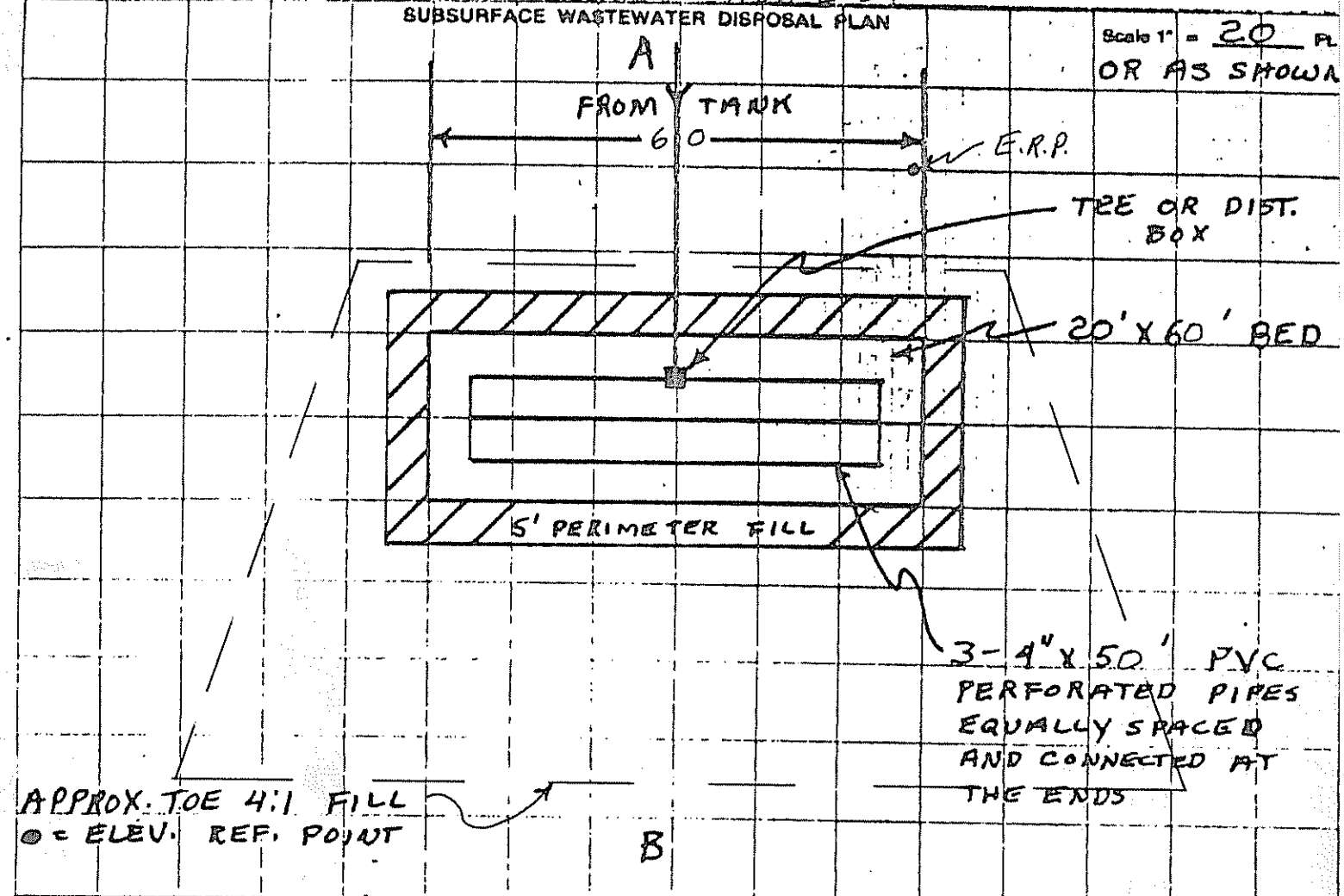
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	RODRIGUE HGT. L-22	

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 FT OR AS SHOWN



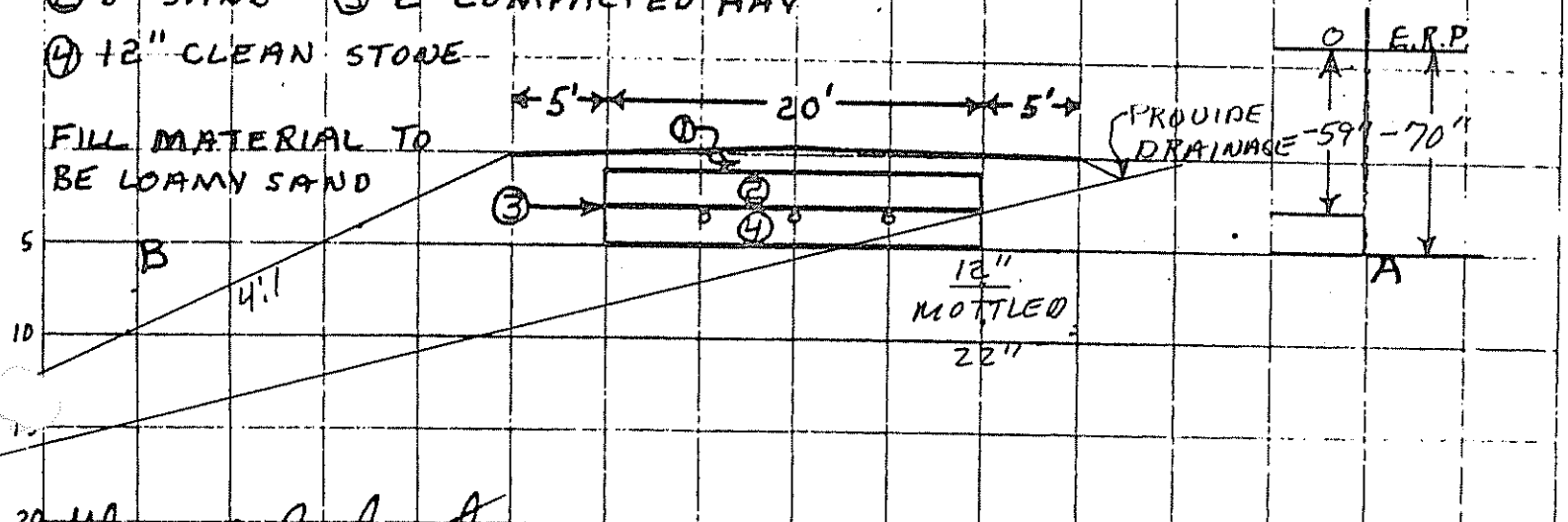
FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	14'	Reference Elevation is	0	NAIL IN 8" CHERRY TREE
Depth of Fill (Downslope)	60'	Bottom of Disposal Area	-70"	
		Top of Distribution Lines or Chambers	-59"	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 5 FT
Horizontal: 1 inch = 10 FT

① 3' TOPSOIL CROWNED @ 3%
② 8" SAND ③ 2" COMPACTED HAY
④ 12" CLEAN STONE

FILL MATERIAL TO BE LOAMY SAND



Wm W Redmond
Site Evaluator or Professional Engineer's Signature

#51
SE # / PE #

5/21/87
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Augusta
Division of Health Engineering
(207)289-3826

PROPERTY ADDRESS

Town Or Plantation: AUGUSTA

Street Subdivision Lot #: RODRIGUE HGTS. L-22

PROPERTY OWNERS NAME

Last: RODRIGUE First: PAUL

Applicant Name:

Mailing Address of Owner/Applicant (If Different): R-3 B-979 AUGUSTA, ME 04330

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.

Local Plumbing Inspector Signature _____ Date Approved 9/16/87

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 _____
THE FAILING SYSTEM IS:
1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

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

SIZE OF PROPERTY: 1 1/4 Act

ZONING:

TYPE OF WATER SUPPLY: DRILLED

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 BEDROOMS

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 22.

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

DISPOSAL AREA TYPE/SIZE
1. ☐ BED _____ Sq. Ft.
2. ☒ CHAMBER 600 Sq. Ft.
☒ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: 360 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 12/1/86 (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 _____ SE# 51 Date REVISED 7/3/87

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

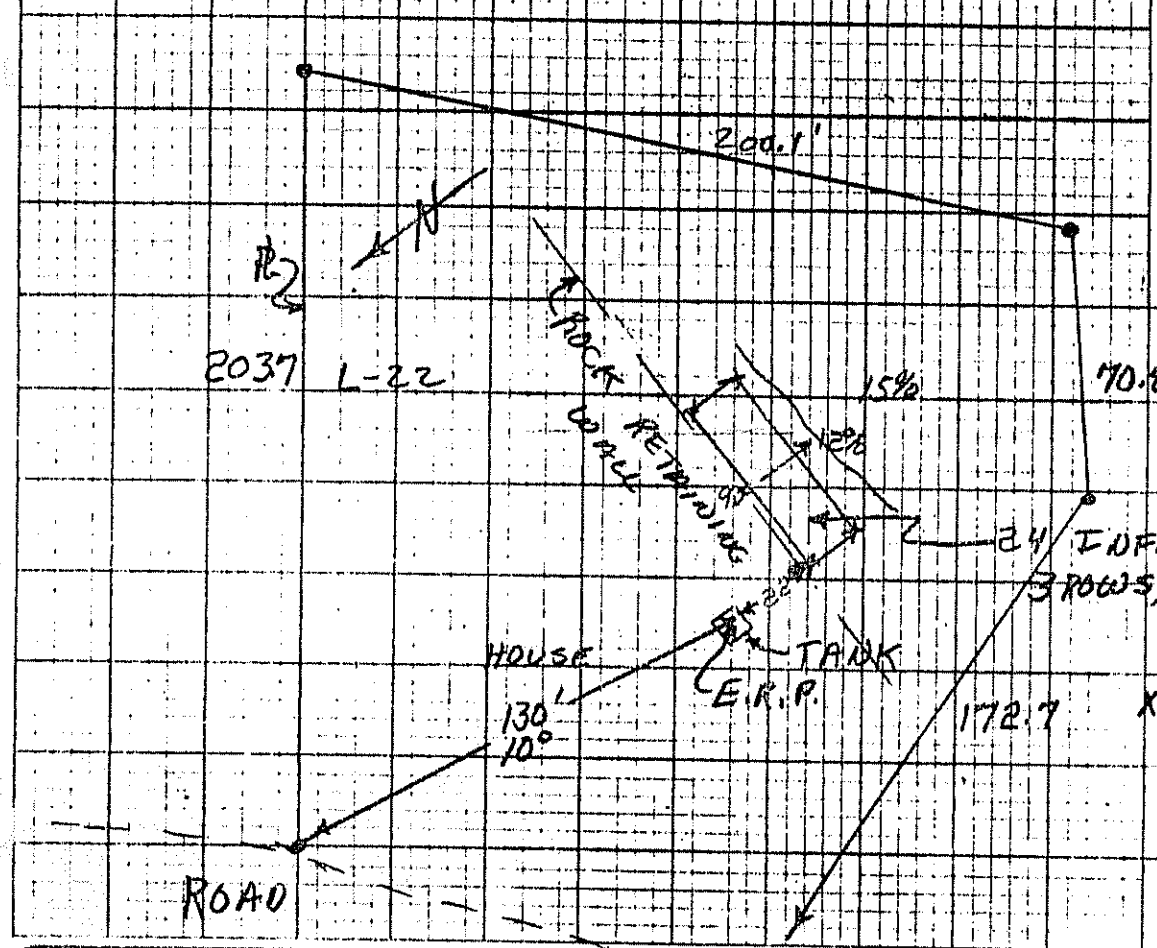
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

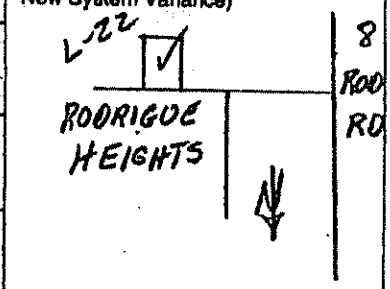
Town, City, Plantation | Street, Road, Subdivision | Owners Name

SITE PLAN

Scale 1" = 50 Ft.



SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)



X = FLAGS MARK APPROX CORNERS OF SYSTEM

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

Observation Hole 1 ☐ Test Pit ☒ Boring

+1 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Depth	Texture	Consistency	Color	Mottling
0	S.L TO L.S.	FRIABLE	B	
6				
10				
15				
20				
22				
30	G.T.	FIRM	G.B.	
40				
50				

Soil	Classification	Slope	Limiting Factor
3 (Profile)	C (Condition)	12-15%	22 ☒ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Depth	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] 51 7/3/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

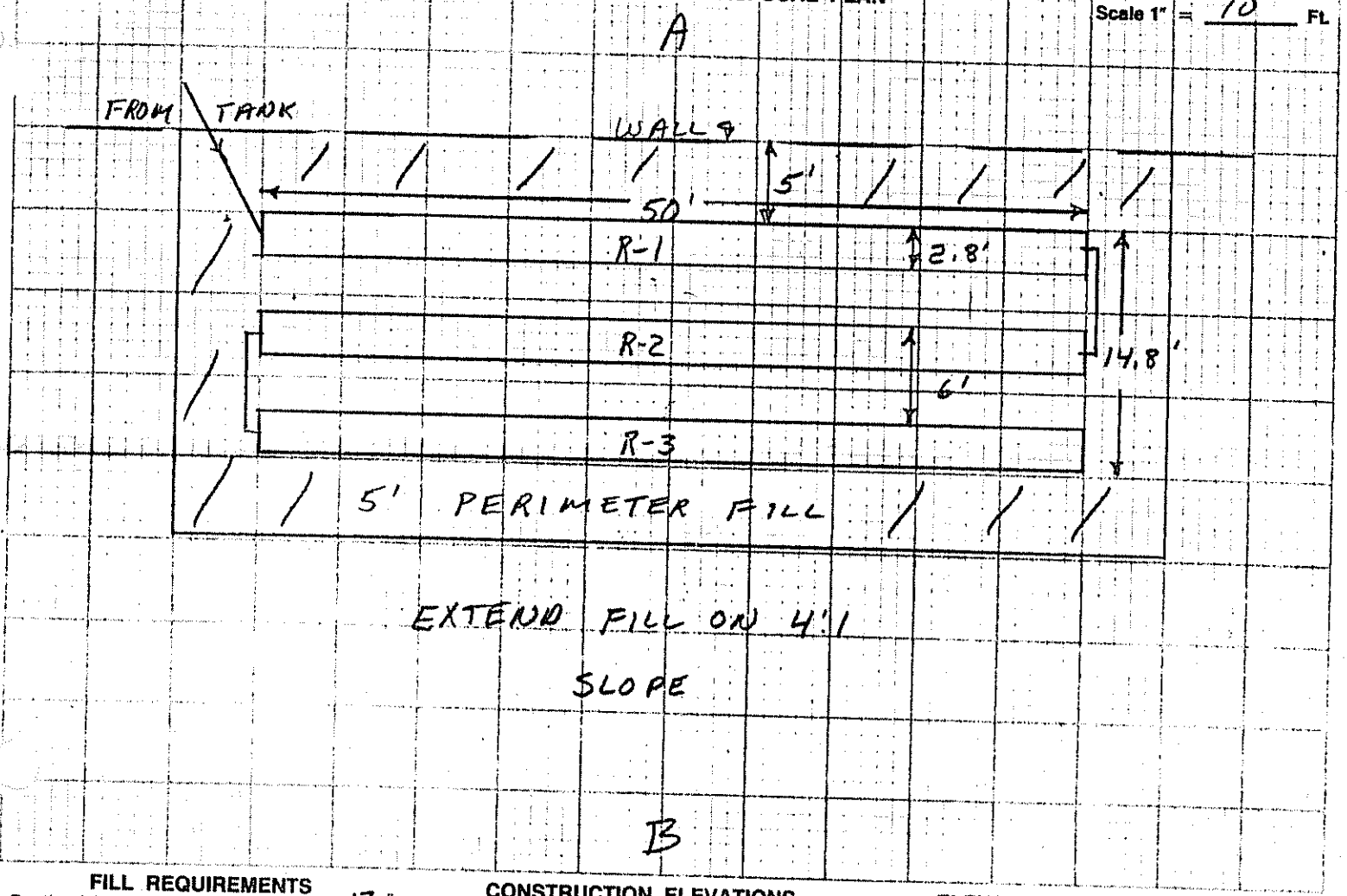
City, Plantation: AUGUSTA

Street, Road, Subdivision: ROD. HGT'S L-22

Owners Name: RODRIGUE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 10 FL



FILL REQUIREMENTS

Depth of Fill (Upslope): 13"

Depth of Fill (Downslope): 30±

CONSTRUCTION ELEVATIONS

Reference Elevation is: 0

Bottom of Disposal Area R-1: -95"

Top of Distribution Lines or Chambers: -80"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

TOP OF TANK = 0"

DISPOSAL AREA CROSS SECTION

① 6" TOPSOIL

② 24 INFILTRATORS, 3 ROWS, 8 EACH

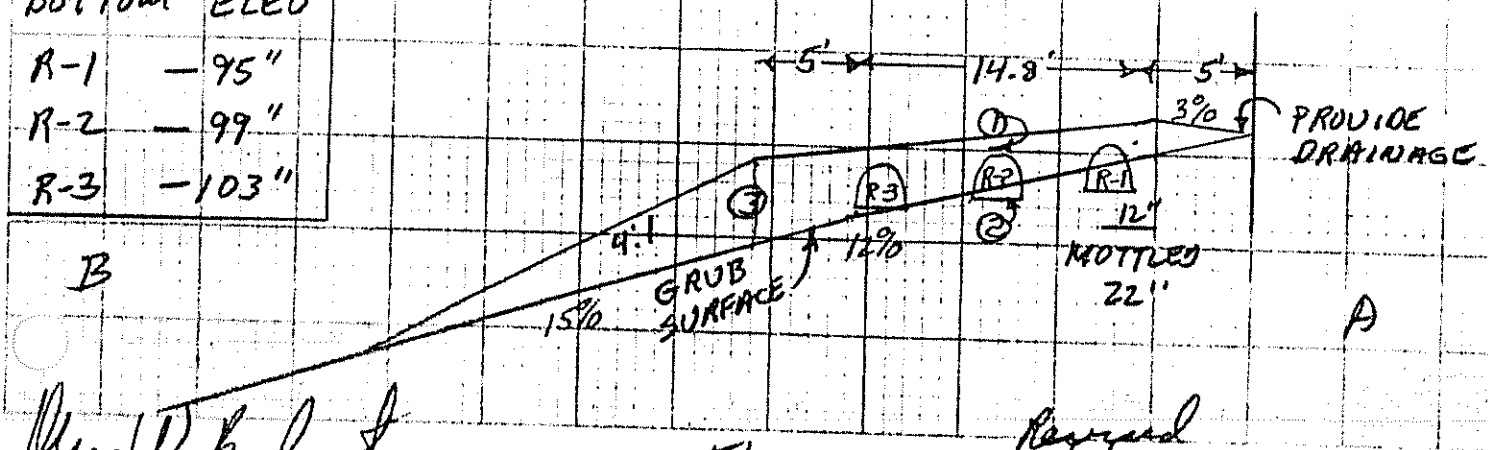
③ SANDY GRAVEL FILL

BOTTOM	ELEV
R-1	-95"
R-2	-99"
R-3	-103"

Scale:

Vertical: 1 Inch = 5 Ft.

Horizontal: 1 Inch = 10 Ft.



Site Evaluator Signature

SE# 51

Date Received 7/3/87

HHE-200 Rev. 1/84