M4 L23

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 #	OFF CROSS HILL RD

PROPERTY OWNERS NAME

Last: DOWNS First: JANET

Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	RR1 BOX 2150 GARDINER, ME. 04345

AUGUSTA 2205 TOWN COPY

Date Permit Issued: 6/19/91 $ 60 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 19613

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.

Janet R Downes
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 7/31/91 Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:
1. ☐ NEW SYSTEM
2. ☒ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ EXPERIMENTAL SYSTEM

SEASONAL CONVERSION N/A
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: UNKNOWN
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	ZONING
29,000	SHORELAND

TYPE OF WATER SUPPLY
LAKE WATER

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☒ SEPTIC: ☒ Regular ☐ Low Profile
2. ☐ AEROBIC (CHECK FOR LOW-BOY)
SIZE: 1000 GALS.

WATER CONSERVATION
1. ☒ NONE (SUGGESTED)
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: 60 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

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 384 Sq. Ft.
☒ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: USE H20 IF SUBJECTED TO TRAFFIC

DESIGN FLOW: 180 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On ~~6/8/91~~ 4/23/83 (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 G. Beard
Site Evaluator Signature

#56
SE#

6/13/91
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

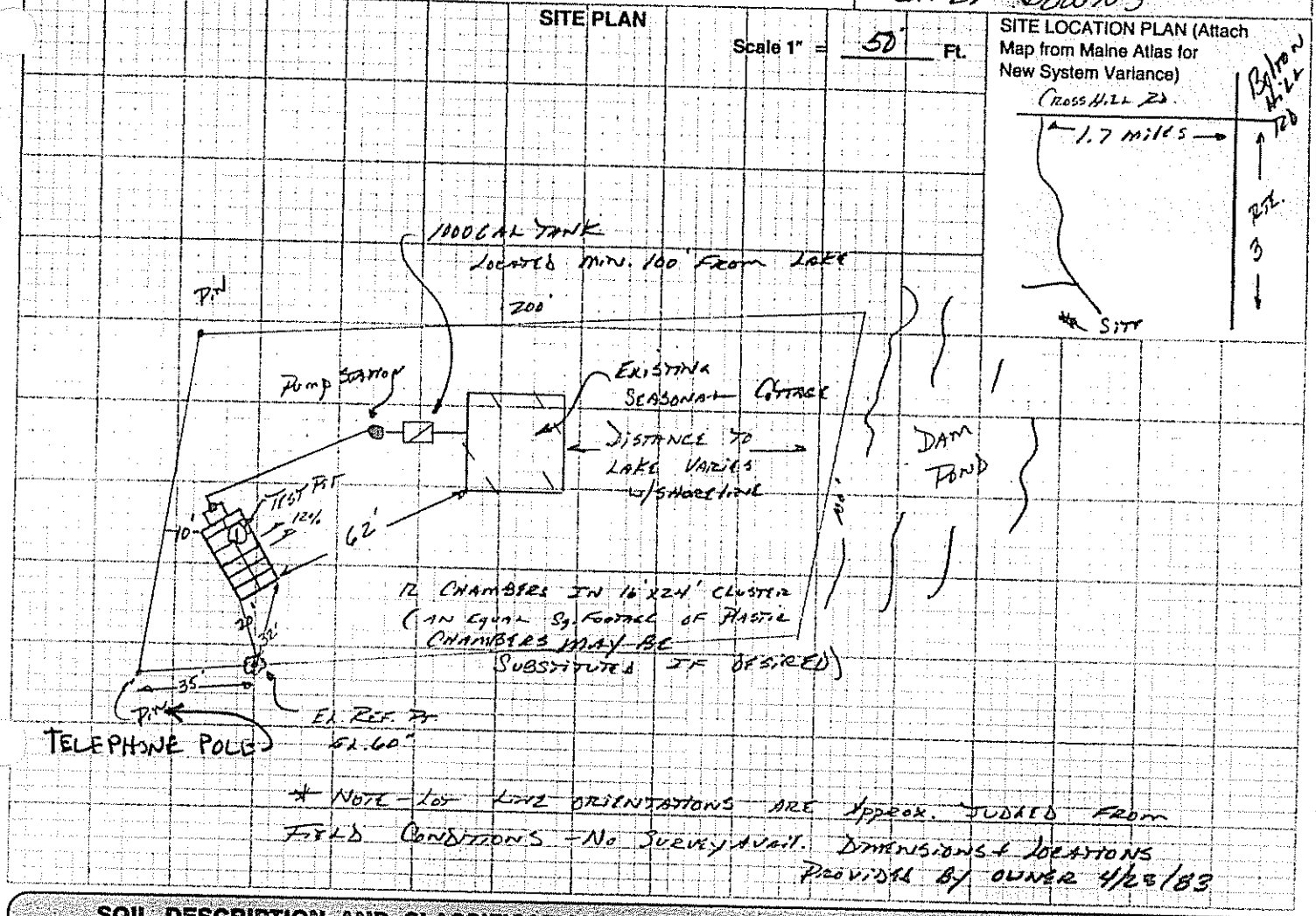
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: OFF CROSS HILL RD.

Owners Name: JANET DOWNS

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

/ " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0			DK BROWN	
6	J. STONY		REDDISH	
10	FINE SANDY LOAM	FRIABLE	BROWN	FEW FAINT @ 22"
15				
20				
30			OLIVE BROWN	
40	REFUSAL			
50				

Soil	Classification	Slope	Limiting Factor
3 (Profile)	C (Condition)	12 %	☒ 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				
6				
10				
15				
20				
30				
40				
50				

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

Paul C. Berry
Site Evaluator Signature

#54
SE#

6/13/91

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Division of Health Engineering

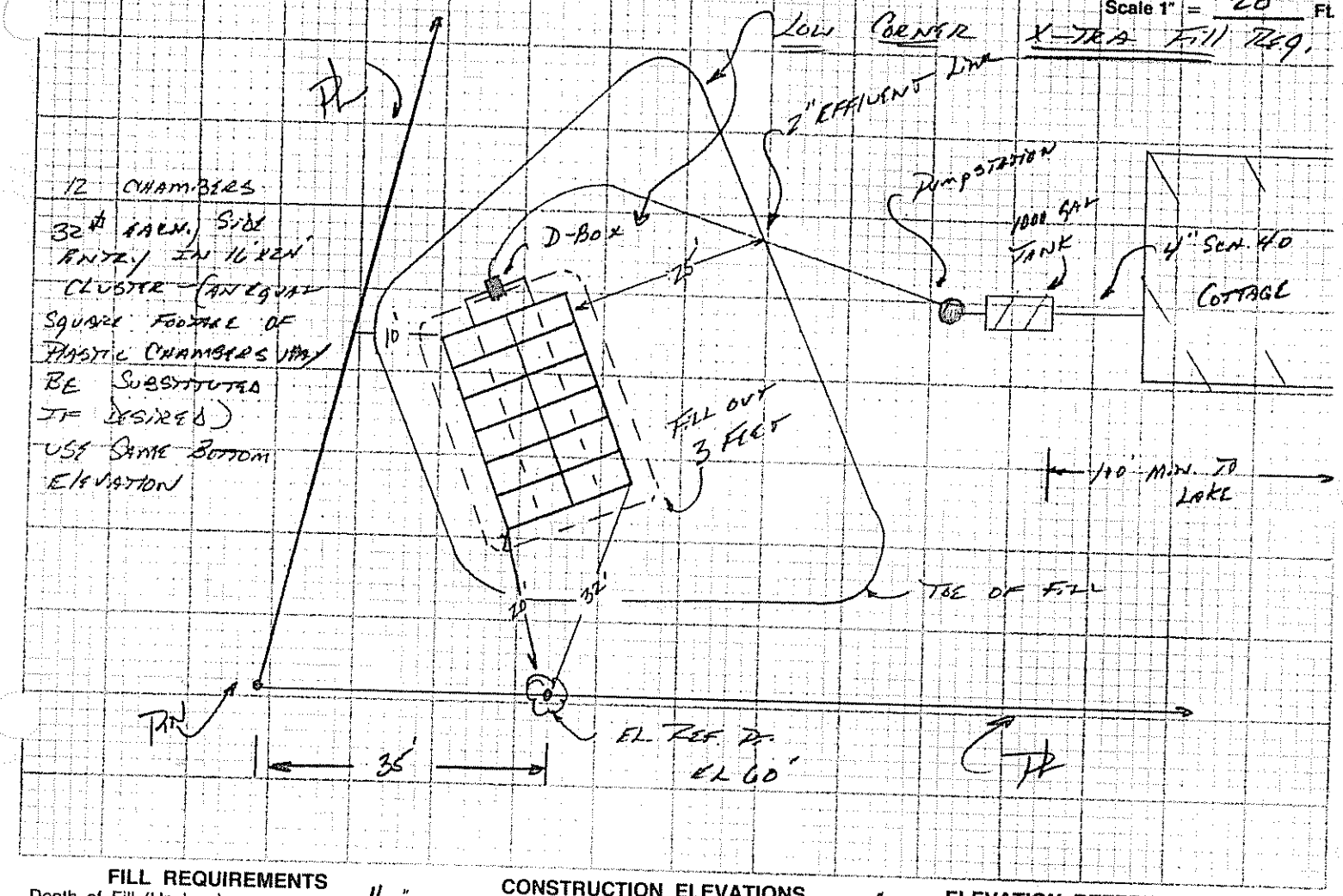
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: OFF CROSS HILL RD.

Owners Name: JANET DOLONS

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope): 11"

Depth of Fill (Downslope): 34"

CONSTRUCTION ELEVATIONS

Reference Elevation is: 60"

Bottom of Disposal Area: 0"

Top of Distribution Lines or Chambers: 13"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

NAIL IN TREE ON PL
60" ABOVE BOTTOM OF CHAMBERS

DISPOSAL AREA CROSS SECTION

{SEE ATTACHED SHEET FOR CHAMBER X-SECT.}

Scale:

Vertical: 1 Inch = Ft.

Horizontal: 1 Inch = Ft.

INSTALLATION NOTES

- REMOVE ORGANIC PAD BENEATH CHAMBERS + FILL ELT. SCARIFY + LOOSEN SOIL WHERE AREA HAS BEEN SUBJECTED TO TRAFFIC.
- DIVERT SURFACE WATER AWAY FROM SYSTEM
- STABILIZE SYSTEM BY SEED + MULCH.
- USE H20 CHAMBERS IF SYSTEM IS TO BE SUBJECTED TO TRAFFIC

Paul C. Beers
Site Evaluator Signature

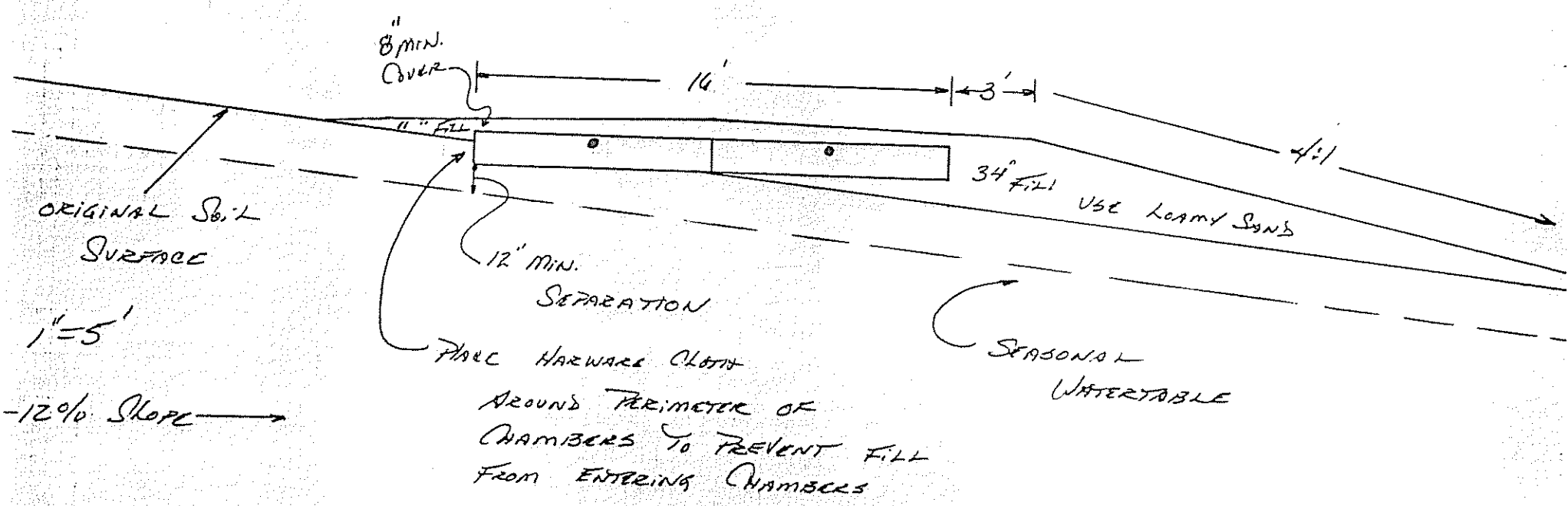
#56
SE#

6/13/91
Date

HHE 200 Rev 1/94

Cross Section of Chambers

Janet Downs
Augusta, Maine



Drawn By: Beers