SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Augusta

Street division Lot #: Abraham Mt Rd Prescott Rd

PROPERTY OWNERS NAME

Last: Knight First: Kenneth

Applicant Name:

Mailing Address of Owner/Applicant (If Different): 37 Winterwood Dr Londonderry NH. 03053

603-434-9566

AUGUSTA PERMIT # 1,573 TOWN COPY

Date Permit Issued: 4/6/89 $ $40.00 FEE ☐ If Double Fee Charged

Gary R. Fuller L.P.I. # 8150

Local Plumbing Inspector Signature

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 4/5/89

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 — Date Approved Aug. 29, 1989

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	ZONING
~5.6 ac	Rural

TYPE OF WATER SUPPLY
Proposed 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.)
3 Bedroom minimum Flow

DESIGN FLOW: 180 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 20.

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

DISPOSAL AREA TYPE/SIZE
1. ☒ BED 900 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

On 10/15/88 (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# 201 — Date 10/15/88

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

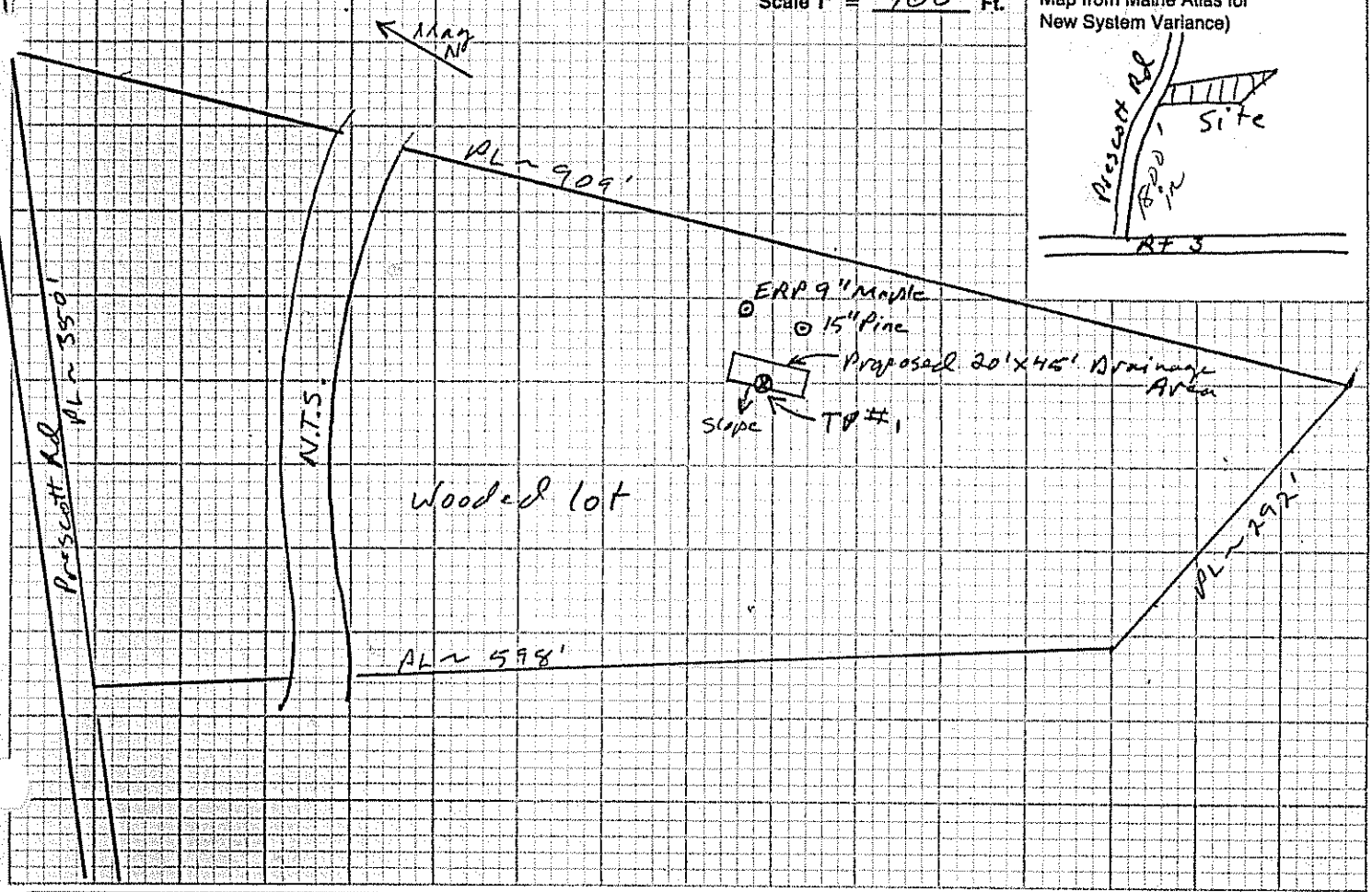
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Prescott Rd	Kenneth Knight

SITE PLAN

Scale 1" = 100 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 TP #1 ☒ Test Pit ☐ Boring

2 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling
		Dk Br.	
Fine Sandy Loam	Loose	Bright Yellow Br.	
	Friable	YL Br	
	Firm	med Br.	Faint

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	C (Condition)	~6 %	20"	☒ 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	Classification	Slope	Limiting Factor	
(Profile)	(Condition)	%	"	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

Harrison Burpee
Site Evaluator Signature

201
SE#

10/17/88
Date

HHE-200 Rev.1/84

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

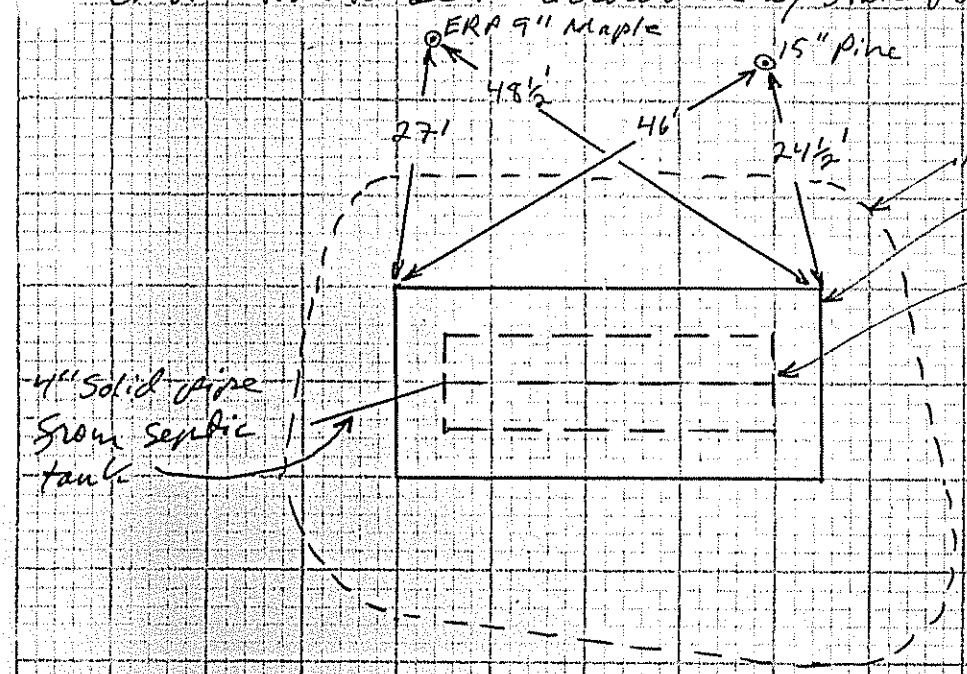
Department of Human Services
Division of Health Engineering

Town, City, Plantation: Augusta | Street, Road, Subdivision: Prescott Rd | Owners Name: Kenneth Knight

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

All construction to be in accordance w/ State Plumbing Code.

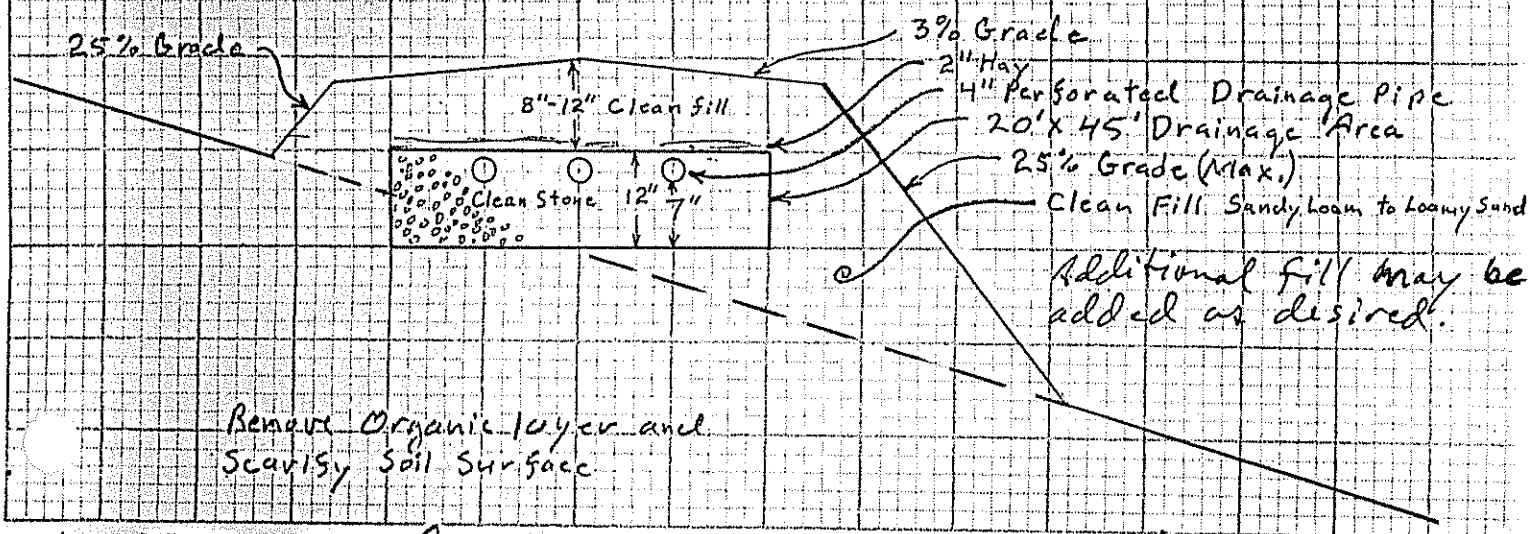


- Final grading to provide for surface water runoff and to prevent ponding
- House to be at least 20' from drainage area and at least 8' from septic tank
- Well to be at least 100' from drainage area and at least 75' from septic tank

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	14"	Reference Elevation is	0'00"	ERP is Red flagged nail in 9" Maple (shown)
Depth of Fill (Downslope)	30"	Bottom of Disposal Area	-59"	
		Top of Distribution Lines or Chambers	-48"	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 2 Ft.
Horizontal: 1 inch = 10 Ft.



Harrison Brynham
Site Evaluator Signature

201
SE#

10/17/88
Date

HHE-200 Rev. 1/84