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 WEEKS MILLS ROAD; FOXGLEN LOTS 164, 165, 166, 167, 360, 361, 362

PROPERTY OWNERS NAME

Last: CECCERE First: PETER / TAPE COMPLEX

Applicant Name:

Mailing Address of Owner/Applicant (If Different): 4 HAVILAND ST, BOSTON, MA 02115

AUGUSTA PERMIT # 1,556 TOWN COPY

Date Permit Issued: 4/18/89 $ 140.00 FEE ☐ If Double Fee Charged

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

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 4/13/89

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 6-9-90

PERMIT INFORMATION Map 47A L 40

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	TYPE OF WATER SUPPLY
2.1+ ACRES	SHORELAND	DRILLED WELL (PROPOSED)

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: 50 L GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)
4 BEDROOM SINGLE FAMILY DWELLING

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 19.

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

DISPOSAL AREA TYPE/SIZE
1. ☒ 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

On 10/29/87 + 4/7/89 (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# 168 — Date 4/11/89

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

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Department of Human Services
Division of Health Engineering

Town, City, Plantation: AUGUSTA

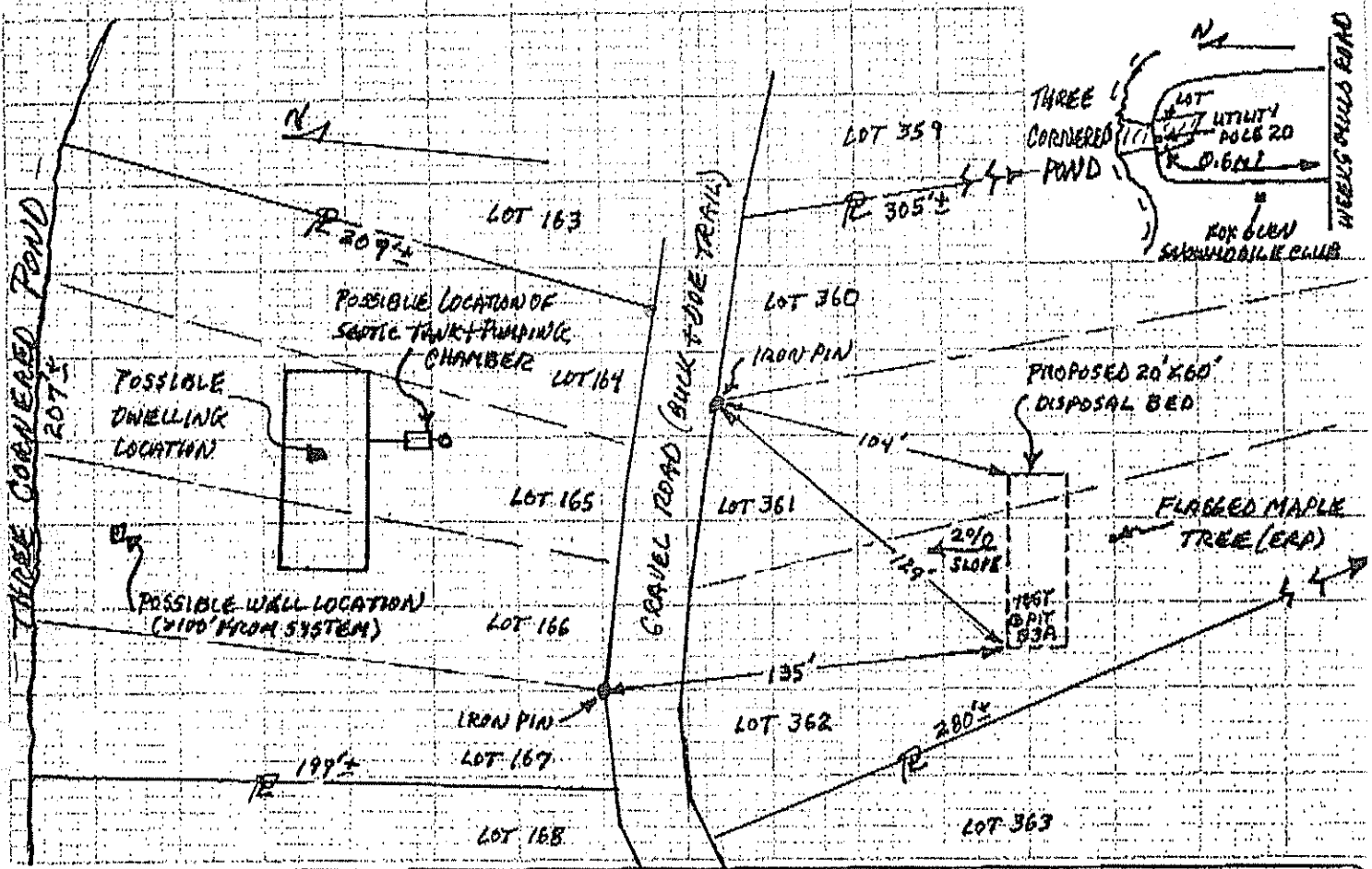
Street, Road, Subdivision: OFF WEEKS MILLS ROAD FOX GLEN LOTS 164, 165, 166, 167, 360, 361, 362

Owners Name: PETER CECCERE / TAPE COMPLEX

SITE PLAN

Scale 1" = 60 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 83A ☒ Test Pit ☐ Boring

ONE " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling
SANDY	FRIABLE	ORANGE BROWN	
		YELLOW BROWN	
LOAM			COMMON
	FIRM	GRAY BROWN	DISTINCT

Soil	Classification	Slope	Limiting Factor	
3 Profile	C Condition	2 %	19	☒ 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

Site Evaluator Signature: [signature]

SE#: 168

Date: 4/11/89

HHE-200 Rev. 1/84

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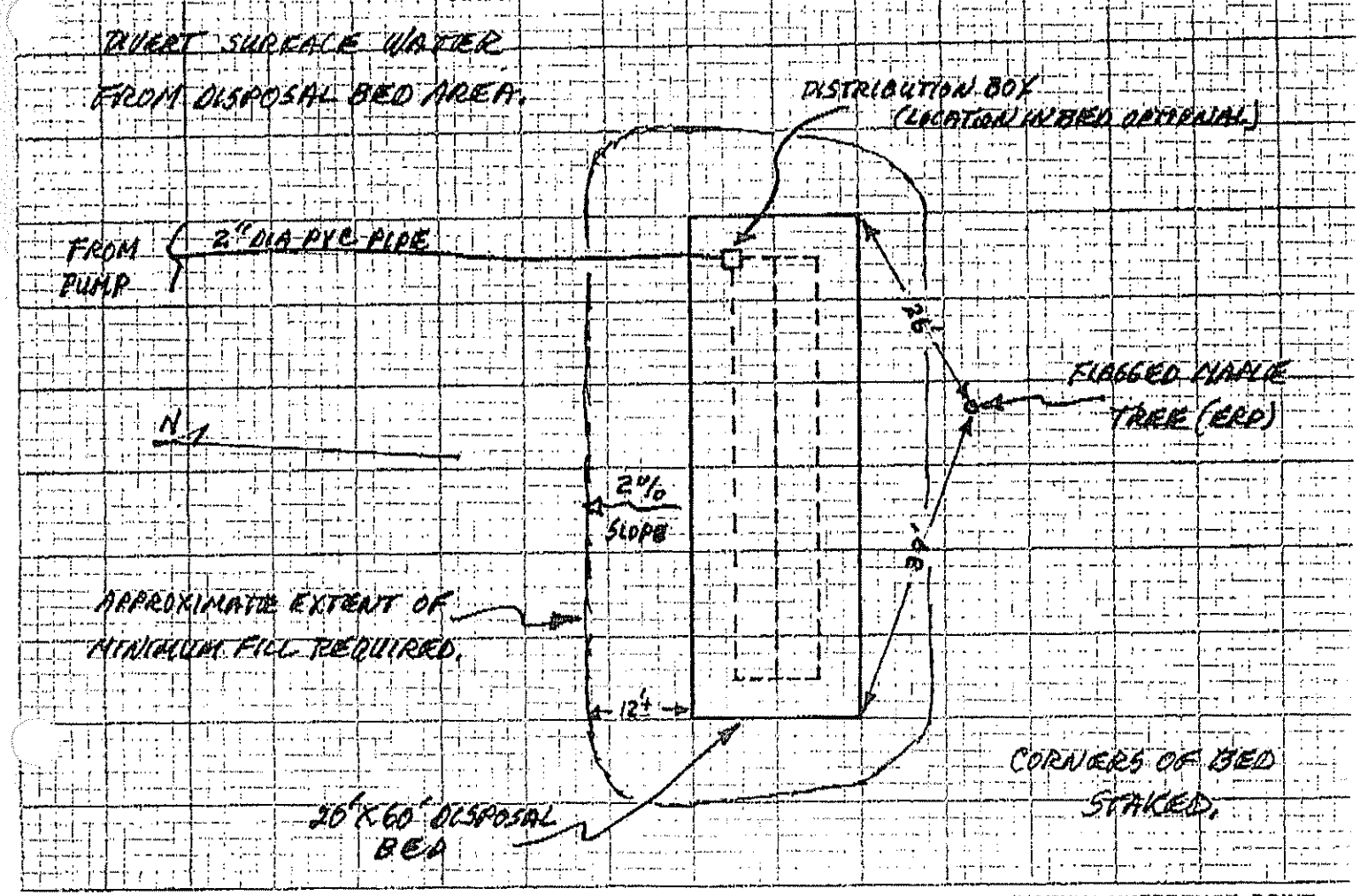
Owners Name: PETER CECERE / TAPE COMPLEX

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	17"	Reference Elevation is	0	
Depth of Fill (Downslope)	22±"	Bottom of Disposal Area	-47"	FLAGGED NAIL IN MAPLE TREE 1
		Top of Distribution Lines ~~or Chambers~~	-36"	ABOVE EXISTING GRADE AT TRE

DISPOSAL AREA CROSS SECTION

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

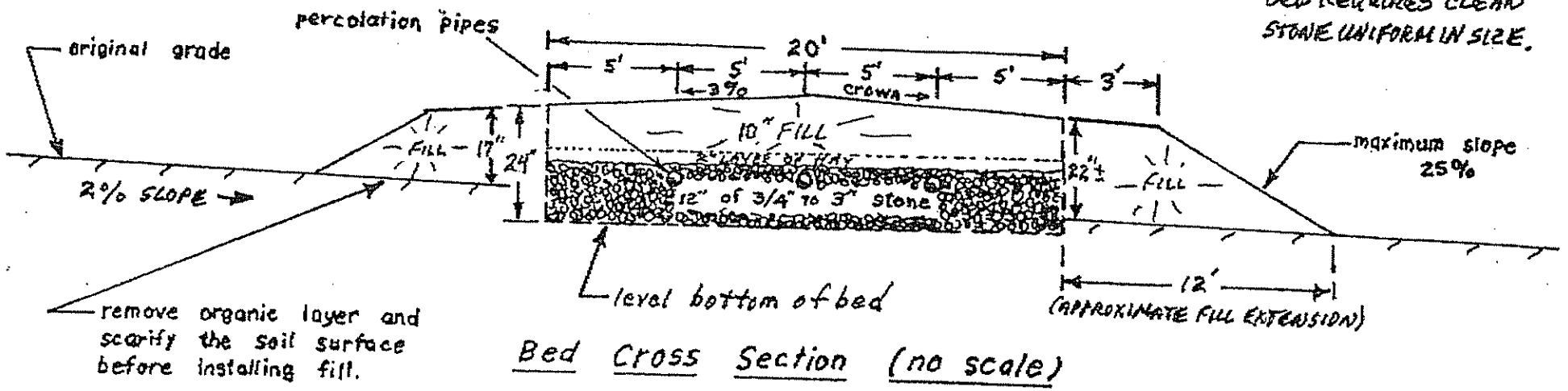
(SEE ATTACHED BED DIAGRAM)

Site Evaluator Signature: [signature] SE#: 168 Date: 4/11/89

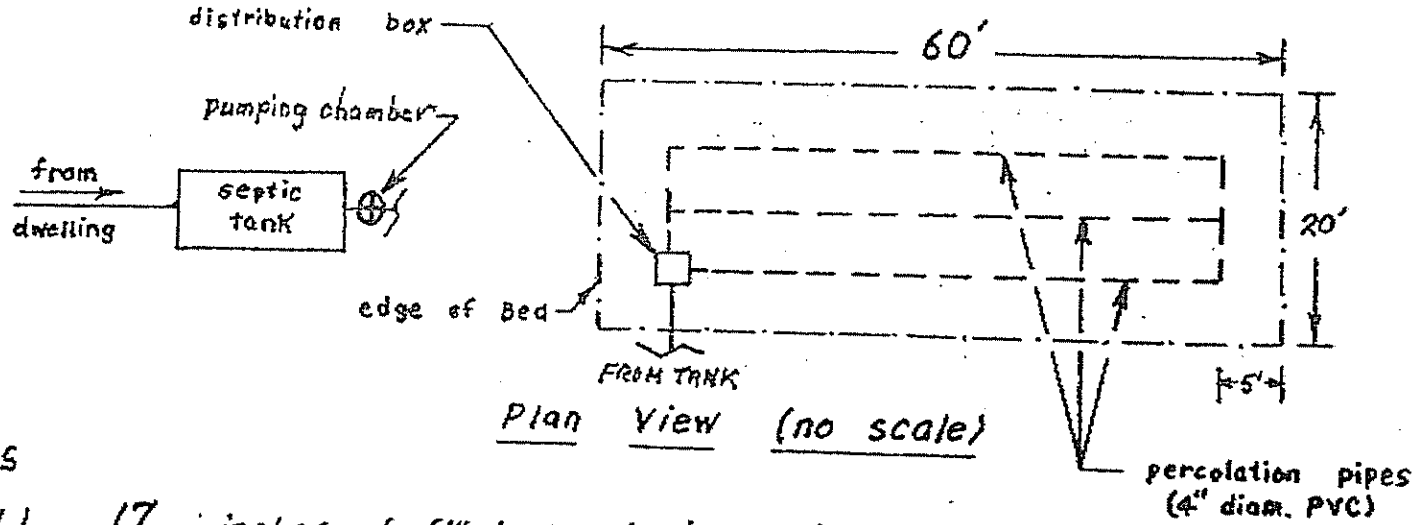
LOAM + MULCH TO COVER.

• SEWAGE DISPOSAL BED DETAILS •

BED REQUIRES CLEAN STONE UNIFORM IN SIZE.



Bed Cross Section (no scale)



Plan View (no scale)

NOTES

1.) 17 inches of fill is required at uphill side of bed.
2.) Texture of fill shall be similar to original soil, sandy loam or coarser.
3.) Refer to the MAINE STATE PLUMBING CODE, PART II for further details regarding installation procedures.

FOX GLEN LOTS 164, 165, 166, 167, 360, 361, 362

FOR: PETER CECCERE / TAPE COMPLEX | DATE: 4/11/89 | BY: JOHN W. LORD, JR. # 168