4A 52&51

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Subdivision Lot #	THREE CORNERED POND FOX GLEN DEV. LOTS 8-21, 8-17

LOTS #10-327, 10-326, 347, 348, 116, 117

AUGUSTA PERMIT # 1,330 TOWN COPY

Date Permit Issued: 5/26/88 $ 149.99 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 1808

4A-51+52

PROPERTY OWNERS NAME

Last: NEO CORP. First:

Applicant Name:

Mailing Address of Owner/Applicant (If Different): 304 FELLSWAY WEST MEDFORD, MA 02155

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. Bob 988-2579

John J. Welch

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. ☐ 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: 1.7± ACRES

ZONING: SHORELAND

TYPE OF WATER SUPPLY: 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: 60± GALS.

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

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 17.

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: _____

DESIGN FLOW: 270 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 9/24/87 (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.

Site Evaluator Signature — 168 SE# — 12/11/87 Date

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

87-333

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: THREE CORNERED POND FOX GLEN DEV. LOTS C-21, B-17

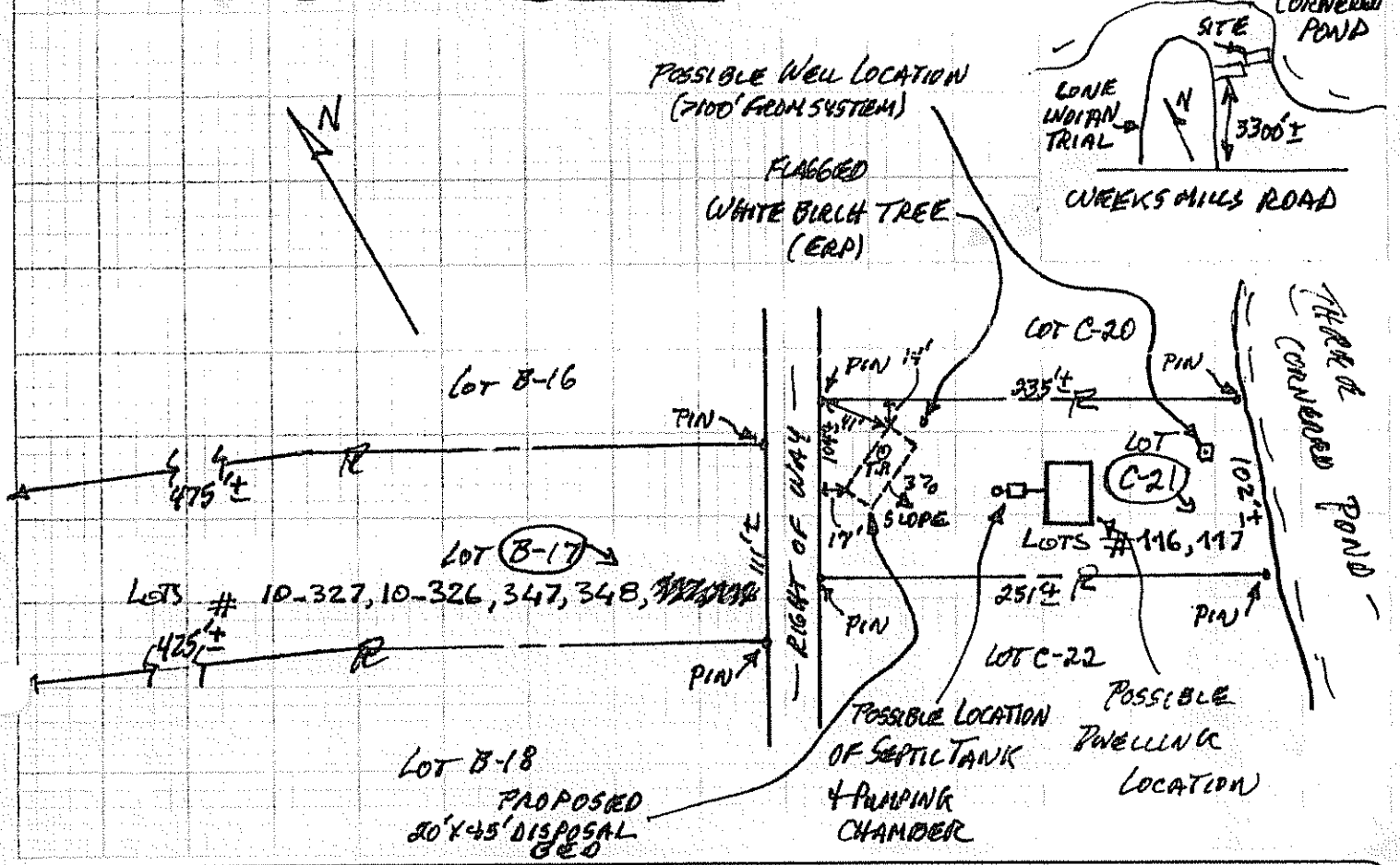
Owners Name: NED CORP.

LOTS # 10-327, 10-326, 347, 348, 117, 116

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 C-21 ☒ Test Pit ☐ Boring

ONE " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Depth	Texture	Consistency	Color	Mottling
0–6			ORANGE	
6–10	FINE		BROWN	
10–15	SANDY	FRIABLE	YELLOW	
15–20	LOAM		BROWN	COMMON
20–30			LIGHT BROWN	FAINT
30–40	GRAVELLY	VERY	GRAY	COMMON
40–50	SANDY LOAM	FIRM	BROWN	DISTINCT

Soil Profile	Classification Condition	Slope %	Limiting Factor	
3	C	3	17	☒ 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				
6–10				
10–15				
15–20				
20–30				
30–40				
40–50				

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

Site Evaluator Signature: [signature] SE#: 168 Date: 12/4/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

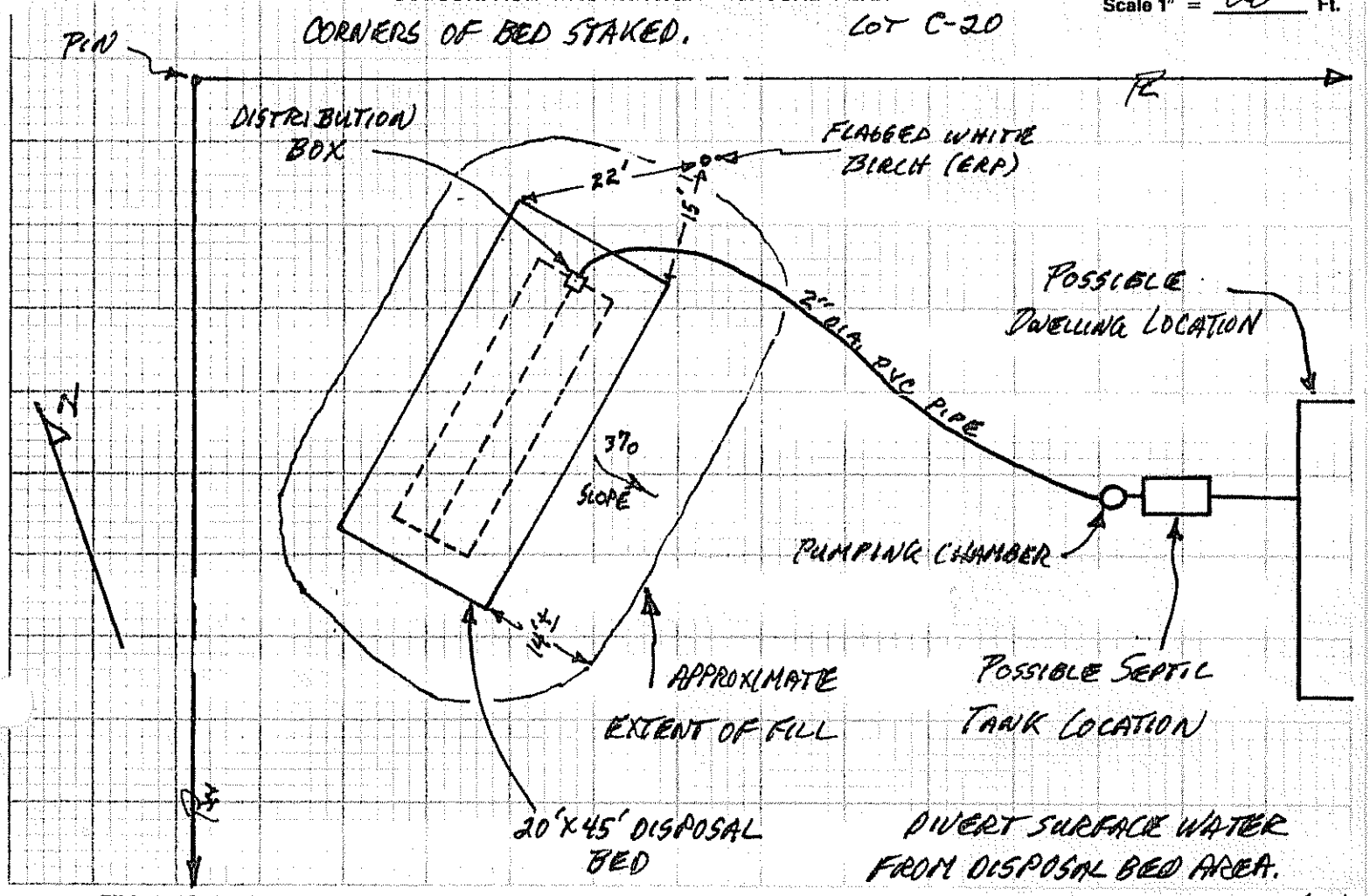
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: THREE CRANBERRY POND FOX GLEN DEV. LOTS C-21, B-17

Owners Name: NED CORP.

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope): 19"

Depth of Fill (Downslope): 27±"

CONSTRUCTION ELEVATIONS

Reference Elevation is: 0

Bottom of Disposal Area: -57"

Top of Distribution Lines ~~or Chambers~~: -46"

ELEVATION REFERENCE POINT (ERP) LOCATION & DESCRIPTION

FLAGGED NAIL IN BIRCH TREE 50" ABOVE EXISTING GRADE AT TREE.

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 Inch = Ft.

Horizontal: 1 Inch = Ft.

(SEE ATTACHED BED DIAGRAM)

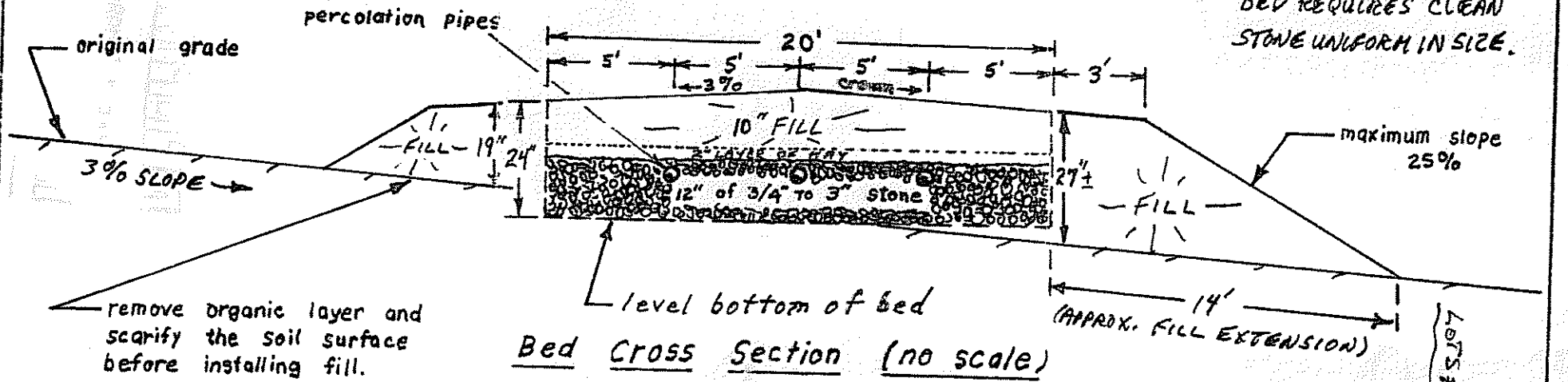
John W. Ralph — Site Evaluator Signature

168 — SE#

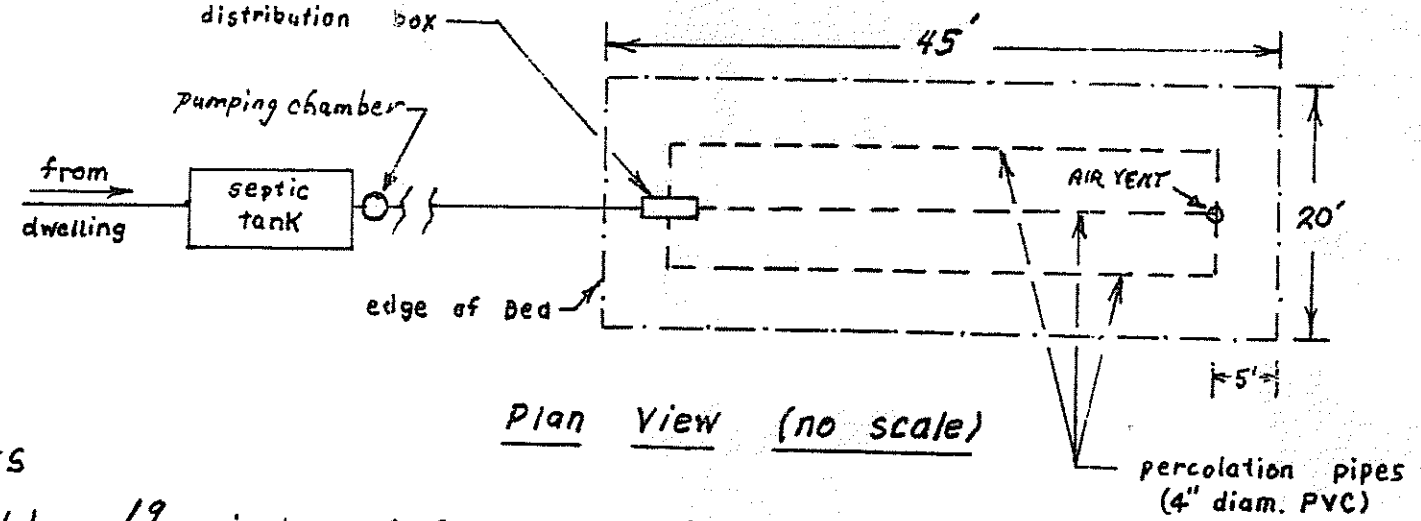
12/11/87 — Date

• SEWAGE DISPOSAL BED DETAILS •

BED REQUIRES CLEAN STONE UNIFORM IN SIZE.



Bed Cross Section (no scale)



Plan View (no scale)

NOTES

1.) 19 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.

FOR: Nied Corp.

DATE: 12/11/87

BY: JOHN W. LORD JR. # 168

LOT (C-21, B-14) LOTS # 10-327, 10-328, 347, 348, 116, 117