M4A L93

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 #	170 Lone Indian Trail FOX GLEN DEVELOPMENT LOTS 134, 135, 136 BL-11

PROPERTY OWNERS NAME

Last: PALERMO ESPLANADES INC. First:

Applicant Name:	Roger Bagne
Mailing Address of Owner/Applicant (If Different)	16 GROVE ST. WINCHESTER MA 01890

AUGUSTA Date Permit Issued: 8.2.93 2727 TOWN COPY

$ 60 FEE ☐ If Double Fee Charged

L.P.I. # IT22

Local Plumbing Inspector Signature

Rpt. inspected 11/2/95

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 8/5/93

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	ZONING
1.0± ACRES	SHORELAND

TYPE OF WATER SUPPLY
PROPOSED DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☒ SEPTIC: ☒ Regular OR ☒ 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: 40± GALS.

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

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	[illegible]

DEPTH TO LIMITING FACTOR: 18.

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

DISPOSAL AREA TYPE/SIZE
1. ☒ BED 902 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: 270 (GALLONS/DAY)

SITE EVALUATOR STATEMENT - Design subject to local, state and federal ordinances.

On 7-8-93 (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 7-12-93

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Department of Human Services
Division of Health Engineering

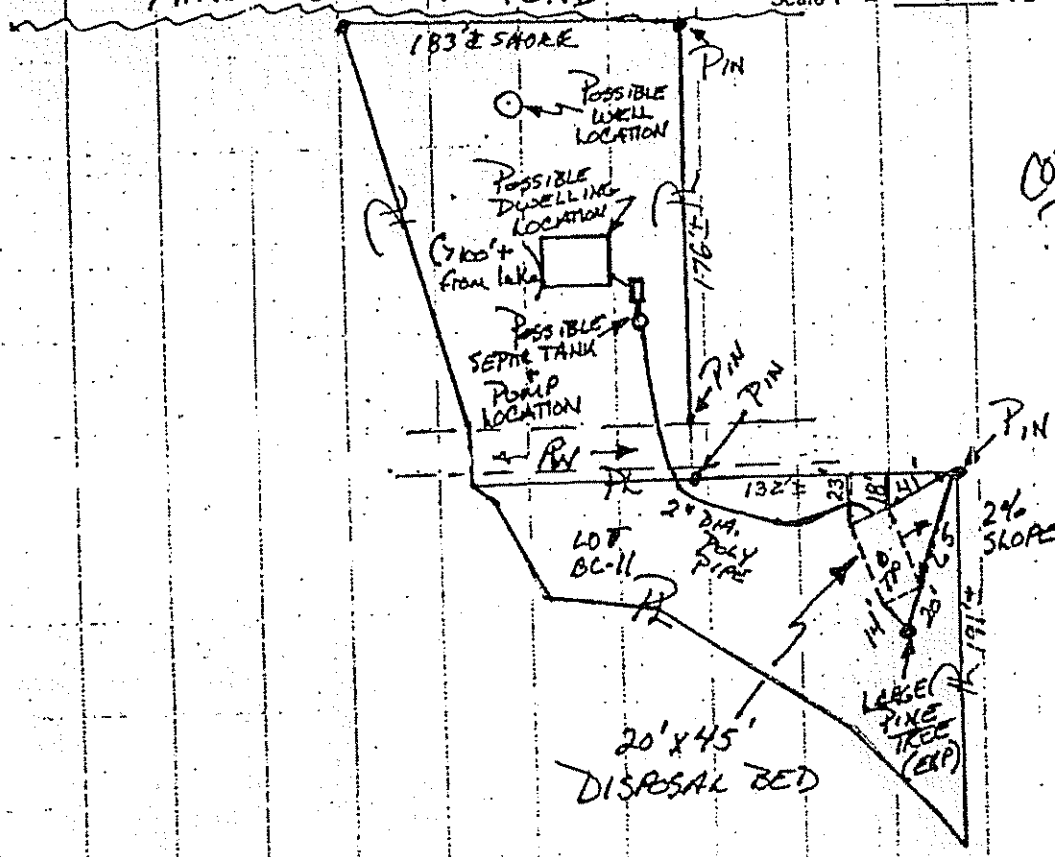
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: FOX GLEN DEVELOPMENT LOTS 134, 135 et al.

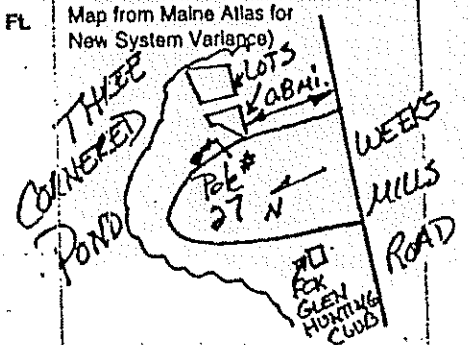
Owners Name: PALERMO ESPLANADES INC.

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 T.P. BL-11 ☒ Test Pit ☐ Boring

ONE " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)

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

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	C (Condition)	2 %	18"	☒ 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

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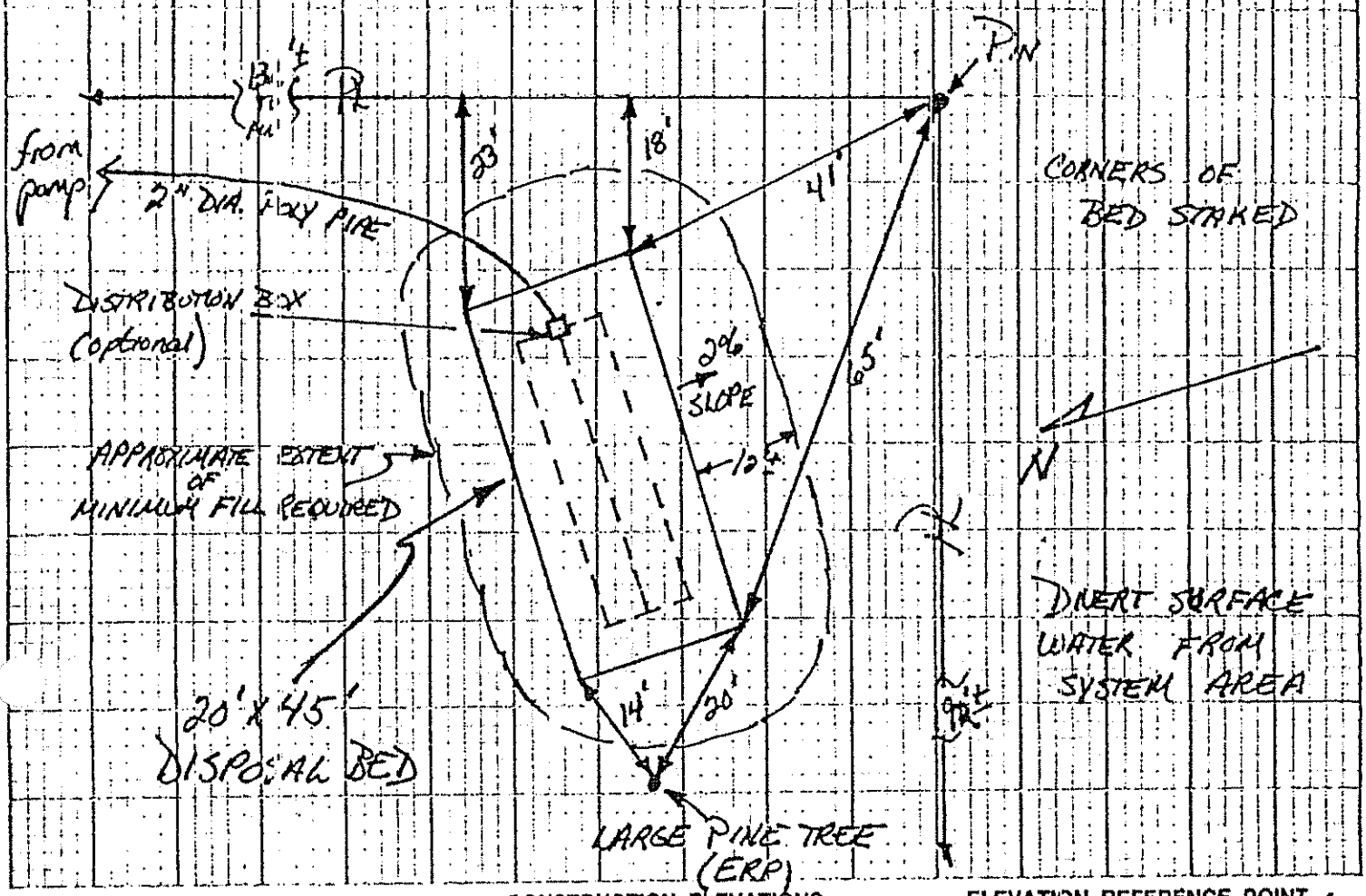
Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	FOX GLEN DEVELOPMENT LOTS 134, 135 et al.	PALERMO ESPLANADES INC.

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION (ERP)
Depth of Fill (Upslope)	18"	Reference Elevation Is	0	FLAGGED NAIL IN LARGE PINE TREE
Depth of Fill (Downslope)	23±	Bottom of Disposal Area	-64"	50" ABOVE EASTING GRADE AT TREE
		Top of Distribution Lines ~~or Chambers~~	-53"	

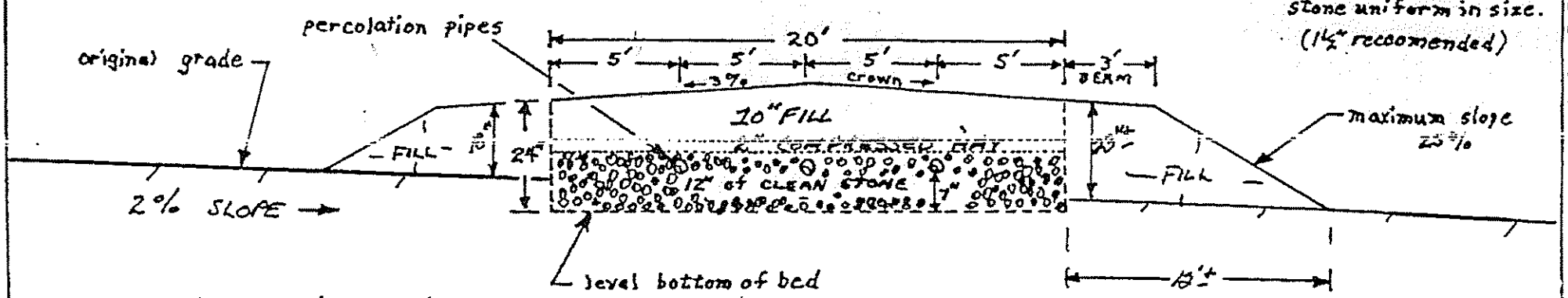
DISPOSAL AREA CROSS SECTION

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

(SEE ATTACHED BED DIAGRAM)

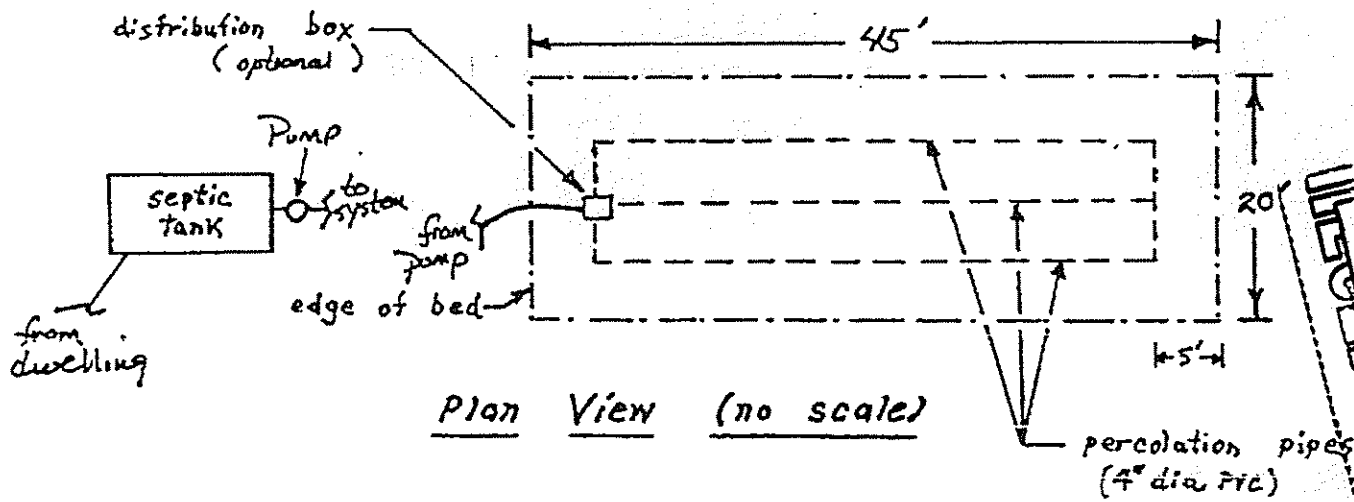
[illegible] 168 7-12-93

SEWAGE DISPOSAL BED DETAILS



remove organic layer and scarify the soil surface before installing fill.

Bed Cross Section (no scale)



Plan View (no scale)

NOTES

1.) 18 inches of fill is required at uphill side of bed.
2.) texture of fill shall be coarse sandy loam to loamy sand, gravelly loamy coarse sand reccomend
3.) refer to the MAINE STATE PLUMBING CODE, PART II for further details regarding installation procedures.

FOR: PALERMO ESPLANADES INC
DATE: 7-12-93
BY: JOHN W. LORD, JR. S.E. #168
FOX GLEN LOTS 134, 135 ETAL

JUL 30 1993