M4A L101

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 #	146 Lone Indian Trail FOX GLEN DEVELOPMENT LOTS 122, 10-332, 10

PROPERTY OWNERS NAME

PALERMO ESPLANADES INC.

Last: First:

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

AUGUSTA 2726 TOWN COPY
Date Permit Issued: 8/2/93 $ 69 FEE ☐ If Double Fee Charged
L.P.I. # 18 72
Local Plumbing Inspector Signature

Caution: Permit Required

Rough Inspected 11/29/93 JRP

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.

for D. Yankauer 8/5/93
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: _____

SIZE OF PROPERTY	ZONING
1.9± ACRES	SHORELAND

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

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: _____ 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	A, II/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 _____ Sq. Ft.
2. ☒ CHAMBER 459 Sq. Ft.
☒ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☒ OTHER: 18 INFILTRATORS ~~3 ROWS OF SIX~~

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 7-13-93

(Local Plumbing Inspector's Signature

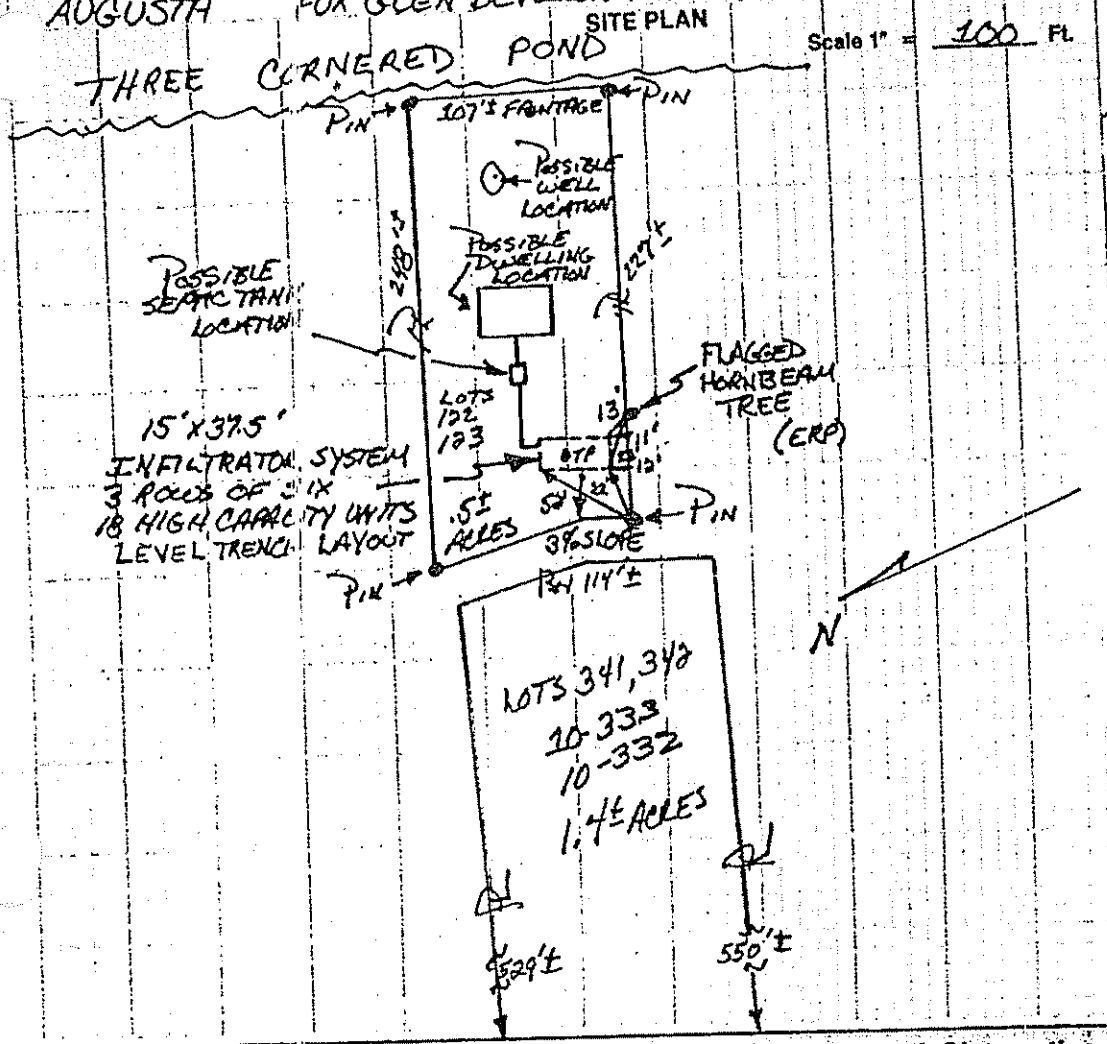
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

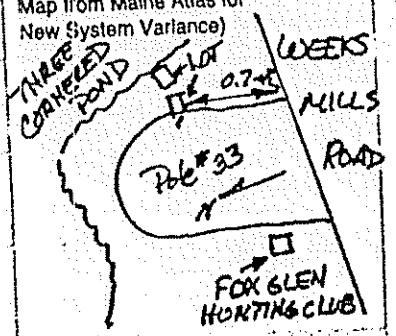
Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: FOX GLEN DEVELOPMENT LOTS 122, 123 et al.
Owners Name: PALERMO ESPLANADES INC.

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 C-18 ☒ Test Pit ☐ Boring

ONE " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6			ORANGE BROWN	
6–15	SANDY LOAM	FRIABLE	YELLOW BROWN	
15–30		FIRM	GRAY BROWN	COMMON DISTINCT
30–50		BEDROCK OR REJECTION		

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	AIII/C (Condition)	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)	Texture	Consistency	Color	Mottling
0–50				

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

[signature] 168 7-12-93
Date

Department of Human Services
Division of Health Engineering

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Town, City, Plantation: AUGUSTA
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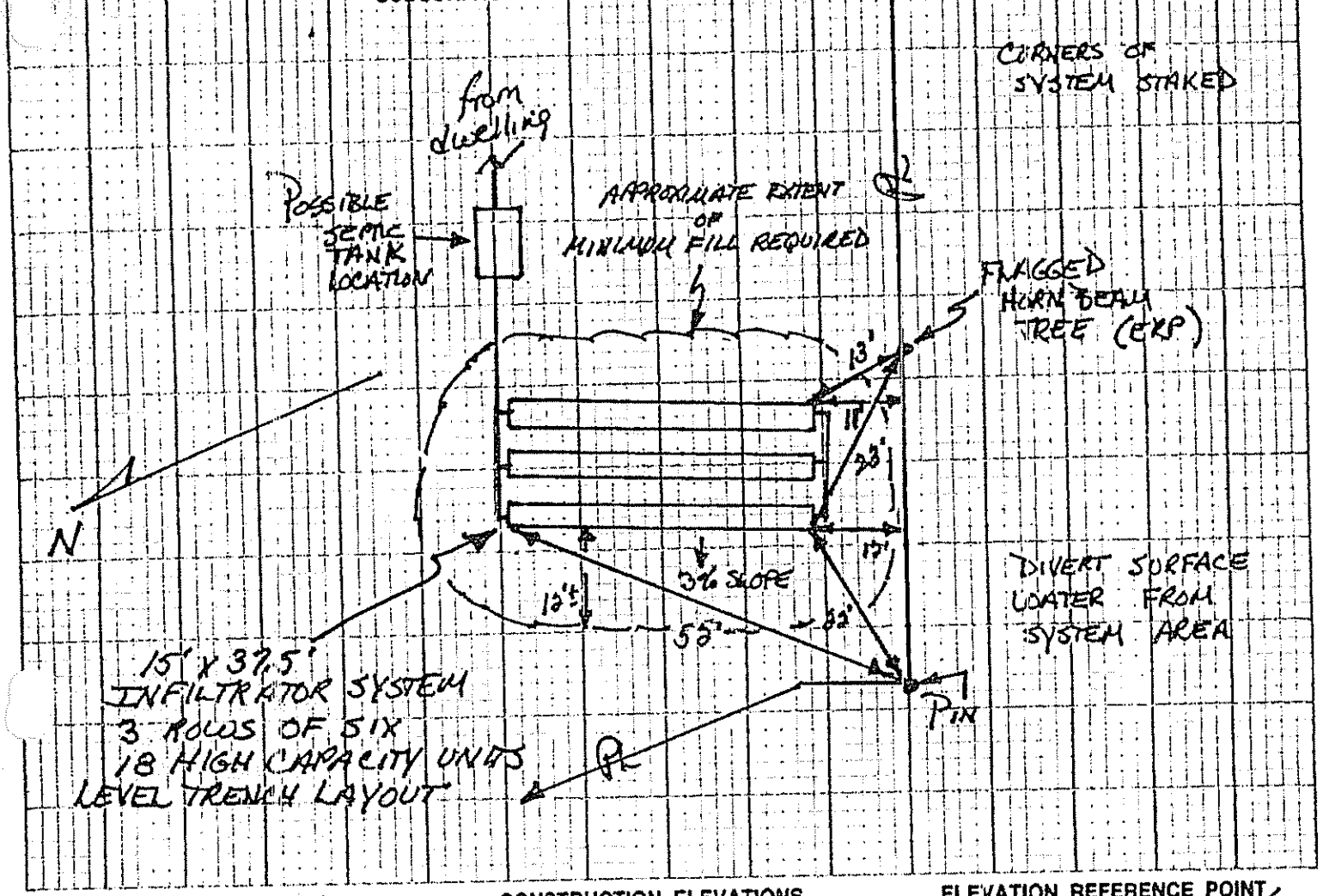
Owners Name: PALERMO ESPLANADES INC.

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	19"	Reference Elevation is	0	(ERP
Depth of Fill (Downslope)	24"	Bottom of Disposal Area	-57"	FLAGGED NAIL IN FLAGGED
		Top of Distribution Lines or Chambers	-41"	HORNBEAM TREE 43" ABOVE EXISTING GRADE AT TREE

DISPOSAL AREA CROSS SECTION

Scale: N/A
Vertical: 1 inch = Ft.
Horizontal: 1 inch = Ft.

(SEE ATTACHED DIAGRAM)

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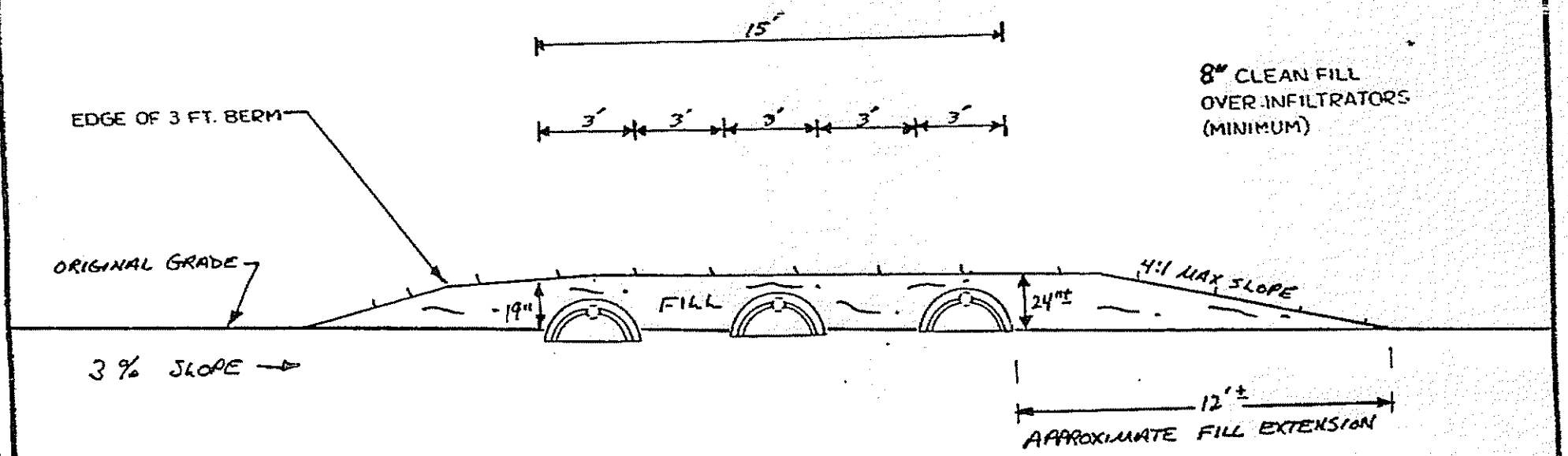
INFILTRATOR CROSS-SECTION 3 %



NOTES:

1. REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER INFILTRATORS AND FILL EXTENSION AREAS.
2. BOTTOM OF INFILTRATORS TO BE LEVEL WITH A MAXIMUM GRADE TOLERANCE OF 1" PER 100'.
3. PROVIDE FOR SURFACE DRAINAGE AWAY FROM INFILTRATOR AREA.
4. FINISHED GRADE SHALL BE SEEDED AND MULCHED TO PREVENT EROSION.

ORIGINAL GRADE

FILL UNDER INFILTRATORS TO BE GRAVELLY LOAMY COARSE SAND TEXTURE.

FILL AROUND INFILTRATORS TO BE GRAVELLY LOAMY COARSE SAND TEXTURE.

SITE EVALUATOR: JOHN W. LORD JR SE #168			
OWNER: PALERMO ESPLANADES INC.		NUMBER OF INFILTRATORS: 3 ROWS OF SIX 18	PERCENT SLOPE: 3%
LOCATION: AUGUSTA		ELEVATIONS: REFERENCE PT. 0	BOTTOM TRENCH #1 -57"
DATE: 7-12-93	SCALE: 1 INCH = 5 FEET	BOTTOM TRENCH #2 -57"	BOTTOM TRENCH #3 -57"

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FOX CLEAN - LOTS 122, 123 ET. AL.

MESSAGE CONFIRMATION

MAR-22 15:50 WED

FAX NUMBER : 6262304

NAME : CITYOFAUGUSTA

FAX NUMBER : 96224863

PAGE : 04

ELAPSED TIME : 02'24"

MODE : G3 STD ECM

RESULTS : O.K