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 #	OFF WEEKS MILLS ROAD; FOX GLEN, LOTS 109, 110, 111, 353, 354, 10-320, 10-321

PROPERTY OWNERS NAME

Last: PALERMO ESPLANADES, INC. First:

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

AUGUSTA Caution: Permit Required 1930 TOWN COPY
The Subsurface Wastewater Disposal System shall not be [illegible] Permit Issued: 8 7 90 $ 40 FEE ☐ If Double Fee Charged
[signature] Local Plumbing Inspector Signature L.P.I. # 963

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] 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
87,555± ft	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

SEE REVISED DESIGN ATTACHED

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
DRILLED WELL (PROPOSED)

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.)
3 BEDROOM SINGLE FAMILY DWELLING
DESIGN FLOW: 270 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

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

SITE EVALUATOR STATEMENT

On 7/17/90 (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.

[signature] Site Evaluator Signature 168 SE# 7/18/90 Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

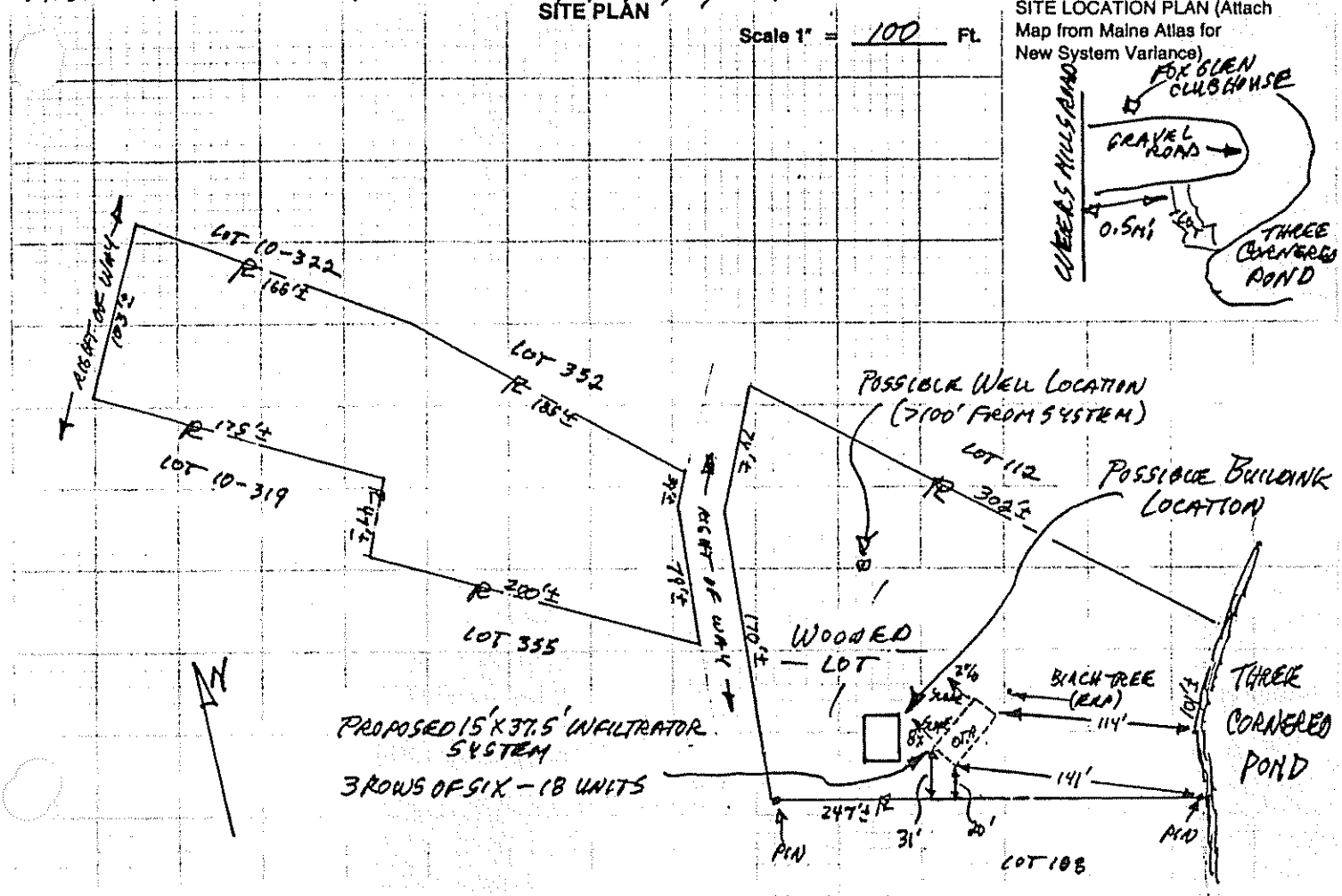
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: OFF WEEKS MILLS ROAD FOX GLEN LOTS 109, 110, 111, 353, 354, 10-320, 10-321

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 TP 109 B ☒ 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	
6–10	SANDY	FRIABLE	YELLOW BROWN	
10–20	LOAM			
20–30		FIRM	GRAY BROWN	COMMON DISTINCT
30–50	BEDROCK OR LARGE ROCK			

Soil	Classification	Slope	Limiting Factor
3 (Profile)	A/C (Condition)	8 %	19 ☒ Ground Water ☐ Restrictive Layer ☒ Bedrock @ 32"

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

John W. Lelj
Site Evaluator Signature

168
SE#

7/18/90
Date

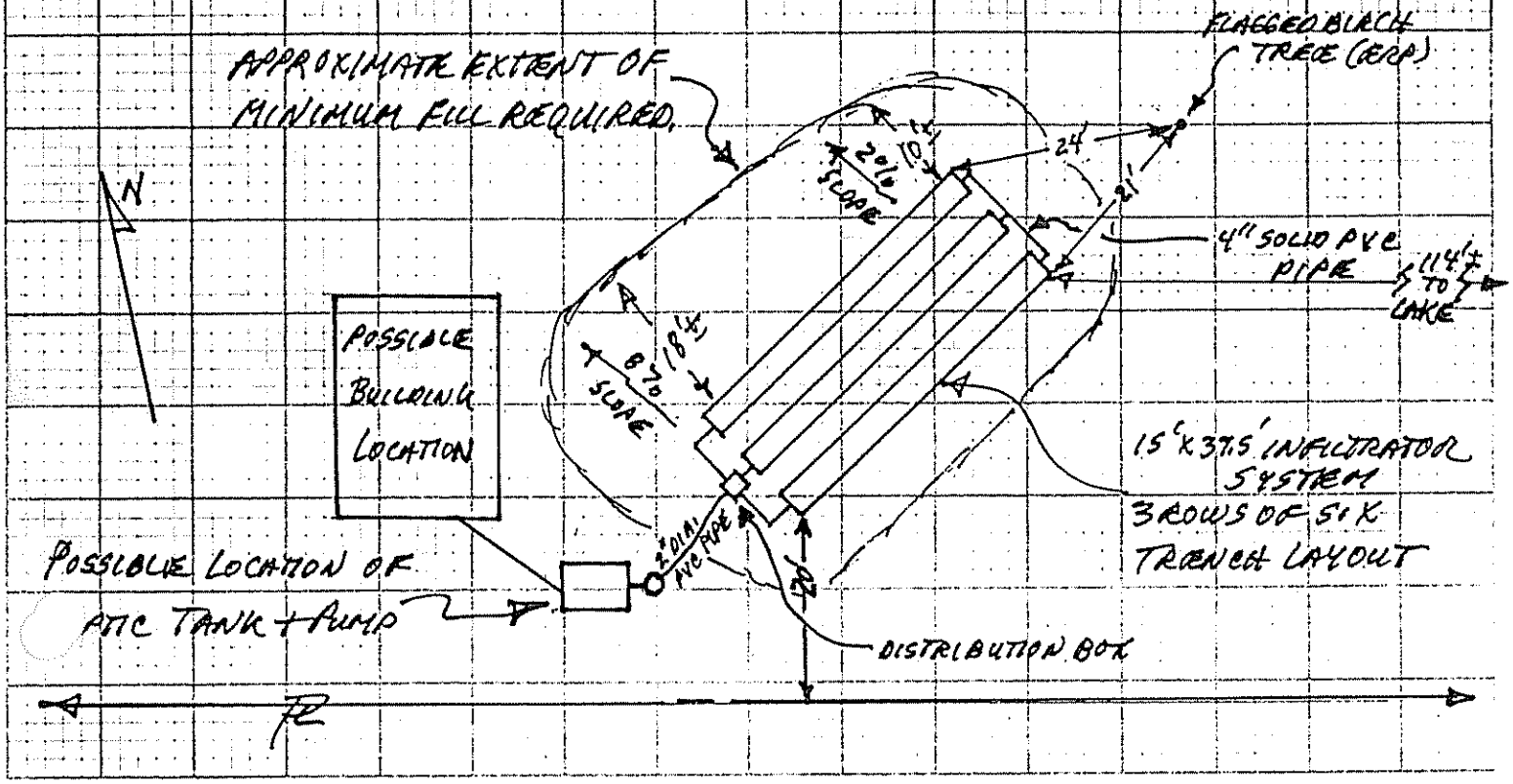
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: OFF WEEKS MILLS RD. FOX GLEN LOTS 109, 110, 111, 353, 354, 10-320, 10-321
Owners Name: PALERMO ESPLANADES, INC.

SUBSURFACE WASTEWATER DISPOSAL PLAN

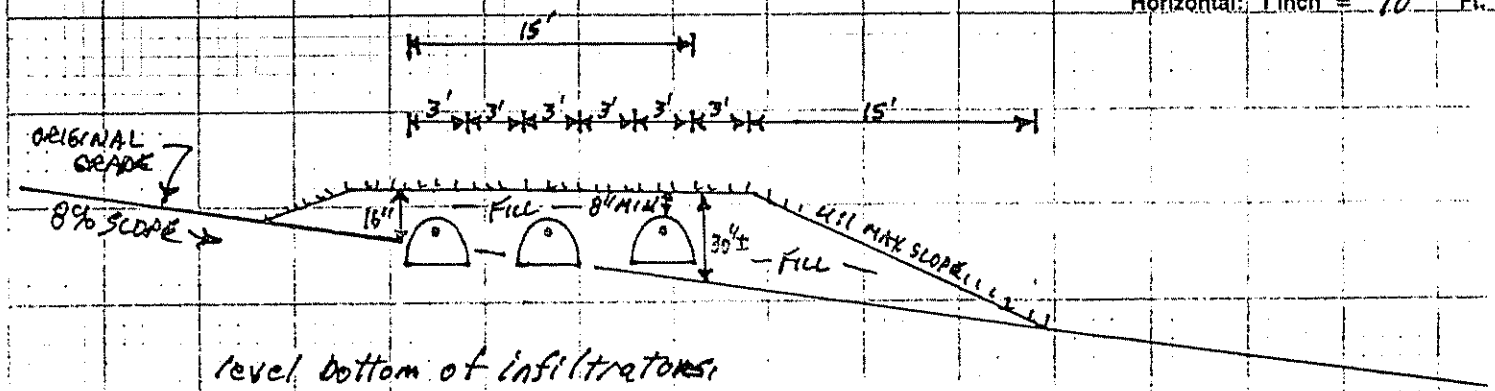
Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	16"	Reference Elevation is	0	FLAGGED NAIL IN BIRCH TREE 48"
Depth of Fill (Downslope)	20" TO 30"±	Bottom of Disposal Area	-41"	ABOVE EXISTING GRADE AT TREE.
		Top of ~~Distribution Lines or Chambers~~ INFILTRATORS	-26"	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 5 Ft.
Horizontal: 1 Inch = 10 Ft.



level bottom of infiltrators.
texture of fill to be coarse sandy loam to gravelly sand.
remove vegetation and scarify soil surface before installing loam and mulch to cover.

Site Evaluator Signature: [signature] | SE#: 668 | Date: 7/18/90

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street bdivision Lot #	OFF WERRES MILLS ROAD, FOX GLEN LOTS 109, 110 & 111, 353, 358 10-320

PROPERTY OWNERS NAME 10-321

Last: PALERMO ESTATES INC. First:

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

Revised design for Permit #1930 issued 8.7.90

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

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 _____

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

John Piccirelli — Local Plumbing Inspector Signature — Date Approved 10.18.90

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	TYPE OF WATER SUPPLY
87,555 ±	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: 40 ± GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)
2 BEDROOM SINGLE FAMILY DWELLING
DESIGN FLOW: 180 (GALLONS/DAY)

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 _____ Sq. Ft.
2. ☒ CHAMBER 375 Sq. Ft.
☒ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☒ OTHER: ~~ZIN ALTERNATOR~~ 3 MAYS OF FOUR

SITE EVALUATOR STATEMENT

On 8/27/90 (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 9/24/90

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

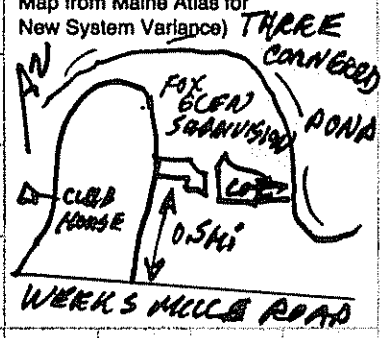
Department of Human Services
Division of Health Engineering

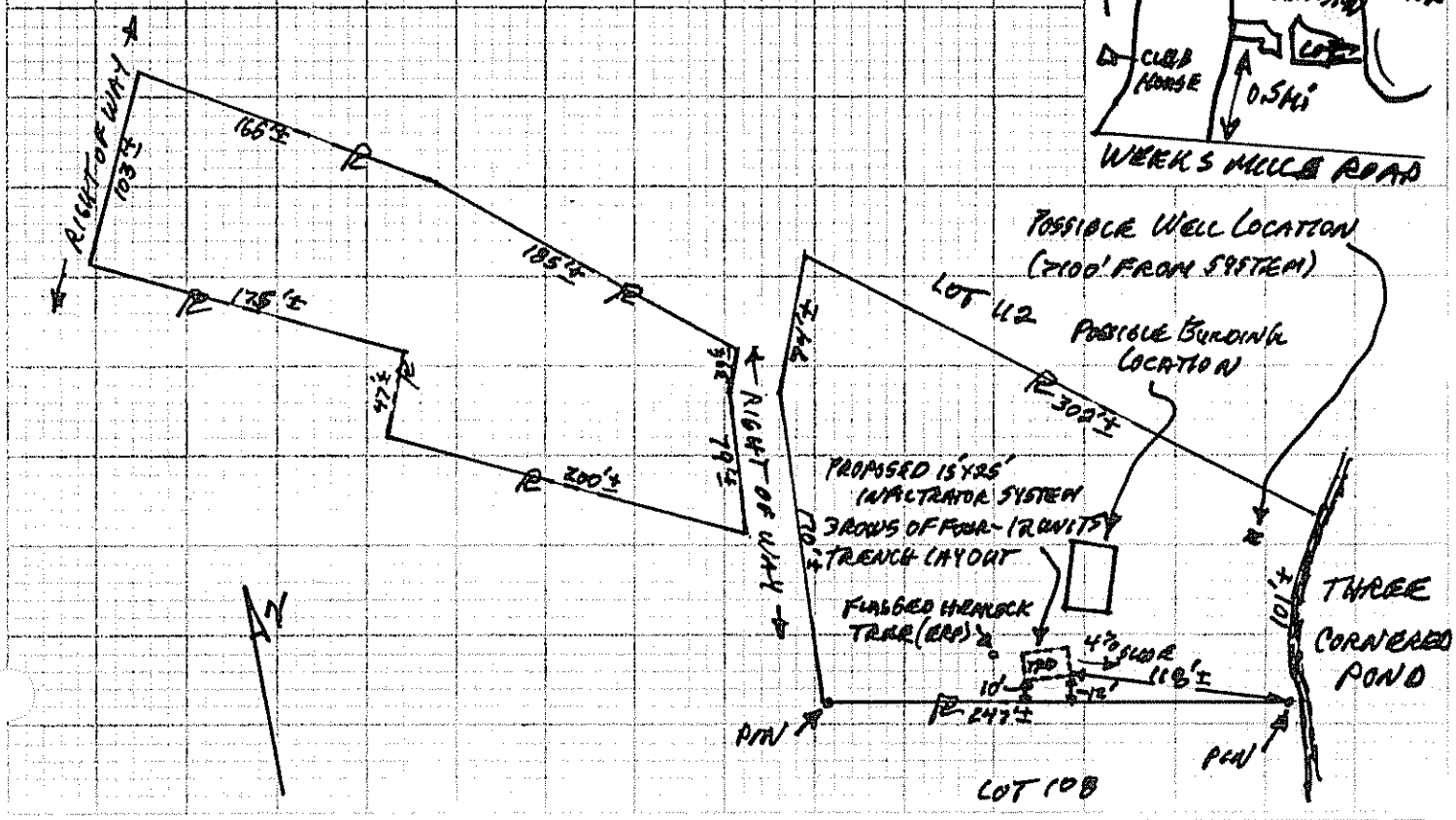
Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: OFF WEEKS MILLS RD 10-300 FOX GLEN LOTS 109, 110, 111, 353, 354, 10-321
Owners Name: PALERMO ESPLANADES INC.

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 TP 109C ☒ Test Pit ☐ Boring

ONE " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

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

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	C (Condition)	4 %	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				
10				
15				
20				
30				
40				
50				

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

[signature] Site Evaluator Signature

168 SE#

9/24/90 Date

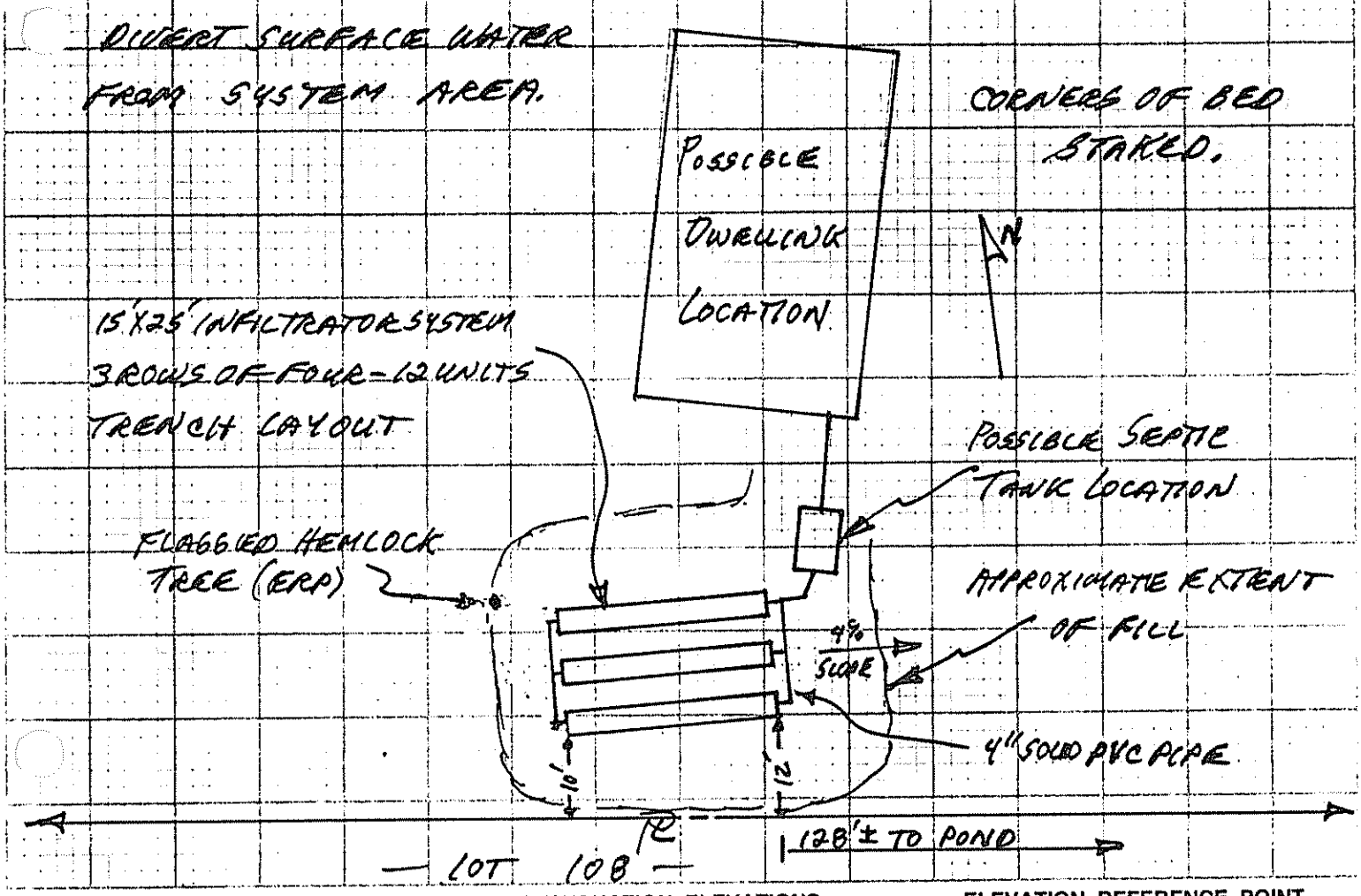
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: OFF WEEKS MILLS RD 10-321
FOX GLEN LOTS 109, 110, 111, 353, 354, 10-320
Owners Name: PALERMO ESPLANADES INC.

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 18"
Depth of Fill (Downslope) 25 TO 30±

CONSTRUCTION ELEVATIONS

Reference Elevation Is 0
Bottom of Disposal Area -43"
Top of ~~Distribution Lines or Chambers~~ INFILTRATORS -28"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

FLAGGED NAILED HEMLOCK 47" ABOVE EXISTING GRADE AT TREE.

DISPOSAL AREA CROSS SECTION

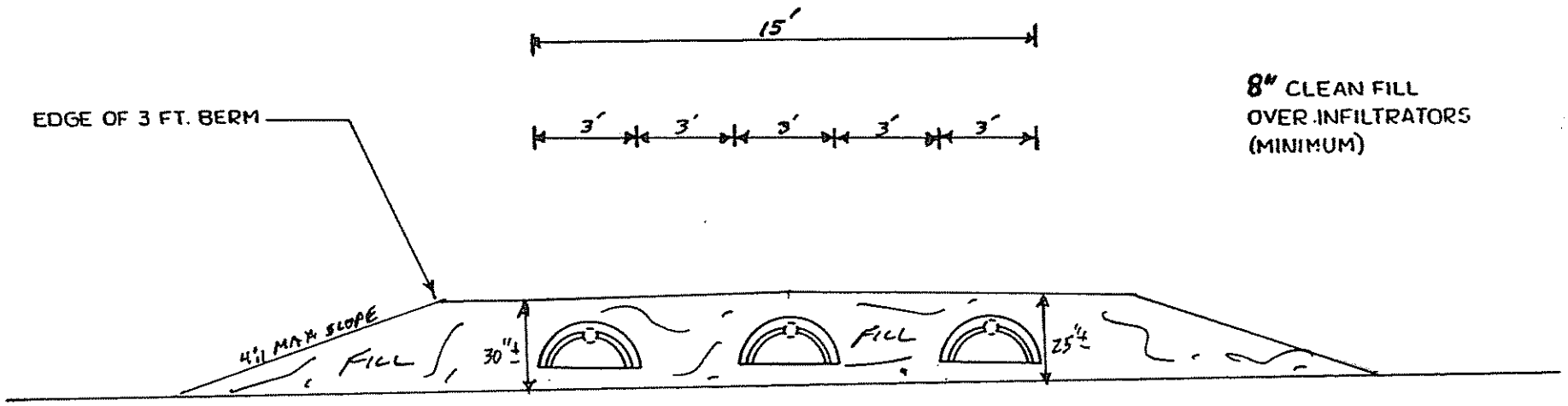
Scale:
Vertical: 1 inch = Ft.
Horizontal: 1 inch = Ft.

(SEE ATTACHED DIAGRAM)

[signature] Site Evaluator Signature
168 SE#
9/24/90 Date

INFILTRATOR CROSS-SECTION 4 %

LOWER END OF SYSTEM



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 COARSE SANDY LOAM TO LOAMY SAND TEXTURE.

FILL AROUND INFILTRATORS TO BE COARSE SANDY LOAM TO LOAMY SAND TEXTURE.

SITE EVALUATOR: JOHN W LORD JR SE#168		
OWNER: PALERMO ESPLANADES, INC.	NUMBER OF INFILTRATORS: 3 ROWS OF FOUR 12	PERCENT SLOPE: 4
LOCATION: AUGUSTA	ELEVATIONS: REFERENCE PT. 0	BOTTOM TRENCH #1 -43"
DATE: 9/24/90	SCALE: 1 INCH = 5 FEET	BOTTOM TRENCH #2 -43" BOTTOM TRENCH #3 -43"

FOX GLEN LOTS 109, 110, 111, 353, 354, 10-320, 10-321

PG 4 OF 4