Babcock, Ruth

Division of Health Engineering
Station No. 10
State House
Augusta, Maine 04333

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

HHE-200

This Is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

This Application is For: (✓) New System ( ) Replacement Of Entire System (✓) Expanded System ( ) Replacement Of Disposal Area Only ( ) Conversion Permit

Variance: (✓) None Required ( ) New System Variance ( ) Replacement System Variance With: ( ) LPI Approval ( ) Dept. Review

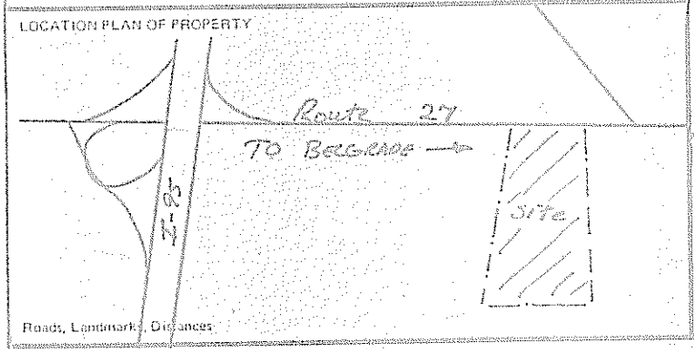
PROPERTY LOCATION: Augusta (Town, Plantation) — Route 27 (Street, Road) — N/A (Subdivision Name) — N/A (Lot No.)

PROPERTY OWNER or APPLICANT: Ruth Babcock

Mailing Address: R.F.D. #4 Box 1275 (Street) — 623-3284 (Tel. No.)

Augusta (Town) — Maine (State) — 04330 (Zip Code)

LOCATION PLAN OF PROPERTY



Roads, Landmarks, Distances

TYPE OF STRUCTURE, DESIGN FLOW

(✓) Single Family Dwelling ( ) Number of Bedrooms 4 Design Flow 600 GPD

Design Flow based on ( ) Minimum ( ) Moderate (✓) Conservative

( ) Reduction in Design Flow due to Water Conservation

If so, specify type(s) _____

( ) Other Establishment. Specify _____ Type of Facility

N/A (Number of Employees, Seating Capacity, Building Size, etc.)

Design Flow _____ GPD _____ If greater than 2000 GPD, Specify Professional Engineer

PROPERTY INFORMATION

Area of Property 8± ( ) Sq. Ft. (✓) Acres ( ) Zoned (✓) Not Zoned

If zoned, type of zoning N/A

Property on Water Body. If so, Name of Water Body N/A

Water Supply is: (✓) Public Utility, ( ) Drilled Well _____ depth ( ) Dug Well _____ depth ( ) Well Point ( ) Spring ( ) Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

TEXTURAL DESCRIPTION / SOIL STRATA ENCOUNTERED	Observation Hole No. 1 (X) Test Pit ( ) Boring	Observation Hole No. 2 ( ) Test Pit (✓) Boring	Observation Hole No. ____ ( ) Test Pit ( ) Boring
Organic Strata or (Existing Fill)	0" Thickness ____"	0" Thickness ____"	Thickness ____"
1st Original Mineral Soil Strata	Depth from 0" to 10" Thickness ____ Brown loamy sand.	Depth from 0" to 38" Thickness ____ Same	Depth from 0" to ____" Thickness ____
2nd	Depth from ____" to 15" Thickness ____ Reddish Brown loamy sand	Depth from ____" to ____" Thickness ____	Depth from ____" to ____" Thickness ____
3rd	Depth from ____" to 45" Thickness ____ Light Red to Yellowish Sand.	Depth from ____" to ____" Thickness ____	Depth from ____" to ____" Thickness ____
4th	Depth from ____" to ____" Thickness ____	Depth from ____" to ____" Thickness ____	Depth from ____" to ____" Thickness ____
	Total Depth of Observation Hole 48"	Total Depth of Observation Hole 38"	Total Depth of Observation Hole ____"
Depth from top of MINERAL SOIL	Maximum Seasonal High Ground Water Table Depth ____" (✓) None evident	Maximum Seasonal High Ground Water Table Depth 36" ( ) None Evident	Maximum Seasonal High Ground Water Table Depth ( ) None evident
	Depth to Restrictive Layer (✓) None evident ____"	Depth to Restrictive Layer (✓) None evident ____"	Depth to Restrictive Layer ( ) None evident ____"
	Depth to Bedrock (✓) None evident ____"	Depth to Bedrock (✓) None evident ____"	Depth to Bedrock ( ) None evident ____"

PROFILE	CONDITION	SLOPE
6	B	4-6%
6	C	4 %
		%

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2

TYPE OF SYSTEM
(✓) Combined System
( ) Separated System
If separated system, type of black waste disposal system to be used:
( ) Compost
( ) Pit Privy
( ) Sealed Vault Privy
( ) Other
Specify _____
( ) Separated Laundry System
( ) Primitive System
( ) Holding Tank

TREATMENT TANK
(✓) Septic Tank
( ) Aerobic Tank
Size 1200 gal. Gals.
1500 tank

DOSAGE
(✓) Pumping is not required
( ) Pumping is required
The dose should be: _____ Gals.
Dosage chamber capacity shall be _____ gals.
( ) System should be vented

SUBSURFACE DISPOSAL AREA/TYPE
( ) Trench Disposal Area
Total linear feet of trench _____ ft.
Number of Trench lines _____ ft.
Length of each trench line _____ ft.
Depth of Stone N/A inches.
Reduction on trench length due to stone depth _____ %
(✓) Bed Disposal Area
Total bed area 800 sq. ft.
Number of beds 1
Width 20 ft. Length 40 ft.
( ) Chamber Disposal Area
Total chamber area _____ sq. ft.
Number of chambers N/A
Width _____ ft. Length _____ ft.
( ) H-20 required

SYSTEM SIZE RATING
(✓) Small ( ) Medium ( ) Medium Large ( ) Large ( ) Extra Large

DISPOSAL AREA ELEVATION
Depth of Upslope Fill required 0' (cut 3') inches.
Depth of Downslope Fill required 24" fill inches
Reference Elevation Point established at Mark on site # 552.1 Elevation.
Disposal Area Bottom to be established at 24" Below natural ground.
Top of Distribution Lines or Top of Chamber 12" Below natural ground.

(✓) Yes ( ) No: The proposed subsurface disposal area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook stream, river), swamps, marshes, and bogs.

(✓) Yes ( ) No: The proposed subsurface disposal area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.

FOR USE BY SITE EVALUATOR
On 11/22/82 (date), a site investigation for this project was completed. I conducted this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.

Signature of Site Evaluator: Stephen E. Goodman
Date Signed: Nov. 25, 1982
Site Evaluator License Number: 65

FOR USE BY OWNER/APPLICANT
I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.

Signature of Owner/Applicant: Ruth Babcock
Date Signed: 11-29-82

FOR USE BY LPI: ( ) This Application is approved. If conditions, specify: _____
( ) This Application is Denied due to: ( ) System is not in accordance with Rules. ( ) Application is incomplete. ( ) Application is unclear. ( ) Development is in violation of other Regulations. Specify _____

Signature of LPI: Jackie R. Bickford
Date: 11/29/82

PERMIT NO. _____ E
Date Issued ___/___/8

APPLICATION FOR SURSURFACE WASTEWATER DISPOSAL PERMIT

PROPERTY LOCATION

Augusta — Town, Plantation

Route 27 — Street, Road

N/A — Subdivision Name

N/A — Lot No.

PROPERTY OWNER or APPLICANT

Ruth Babcock

DISPOSAL AREA ELEVATION

Depth of Upslope Fill required 0" inches.

Depth of Downslope Fill required 24" inches.

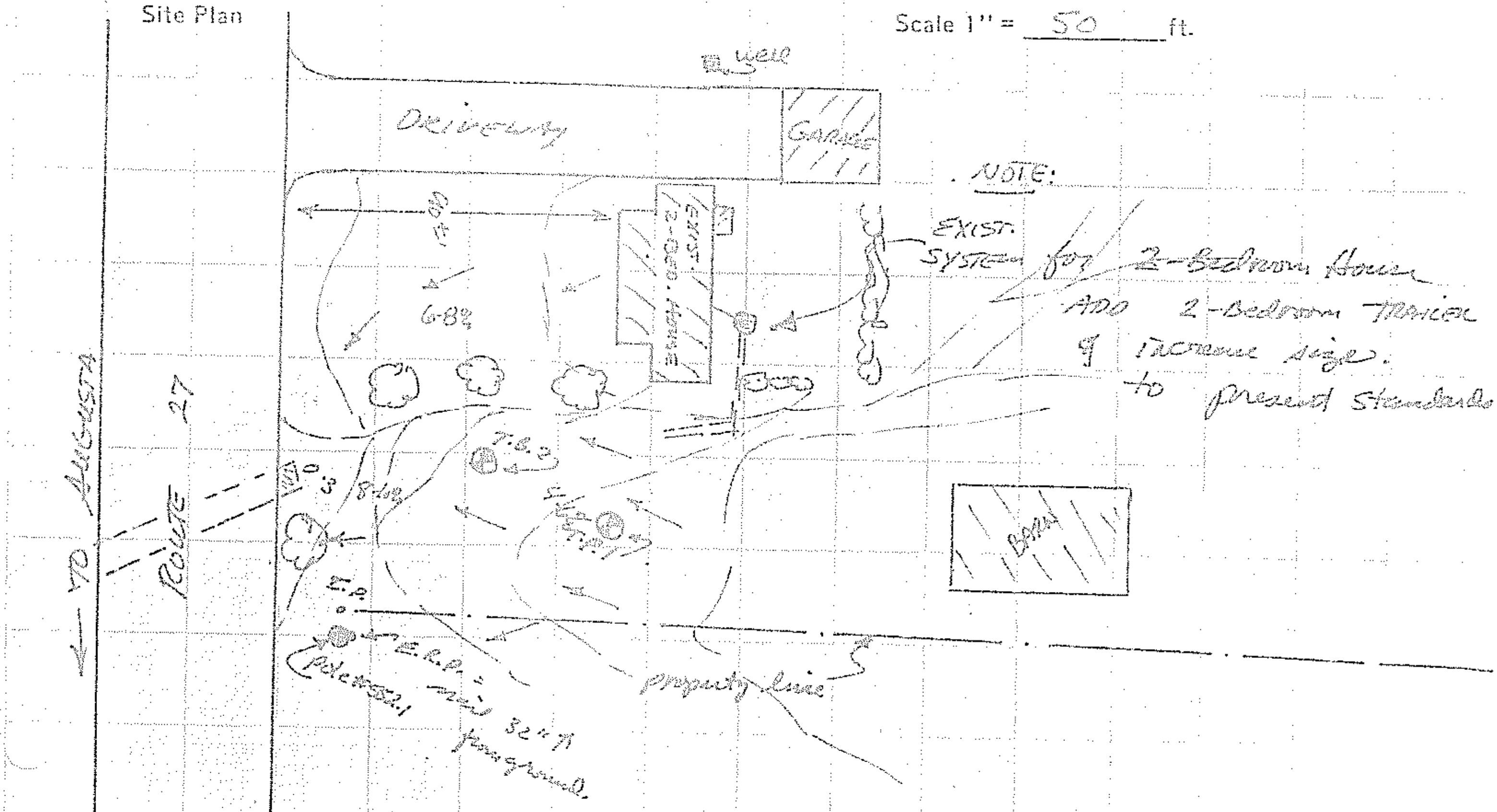
Reference Elevation: nail in pole 55 Elevation

Disposal Area Bottom to be established at 24" Below Elevation "

Top of Distribution Lines or Top of Chamber 12" Below Elevation "

Site Plan

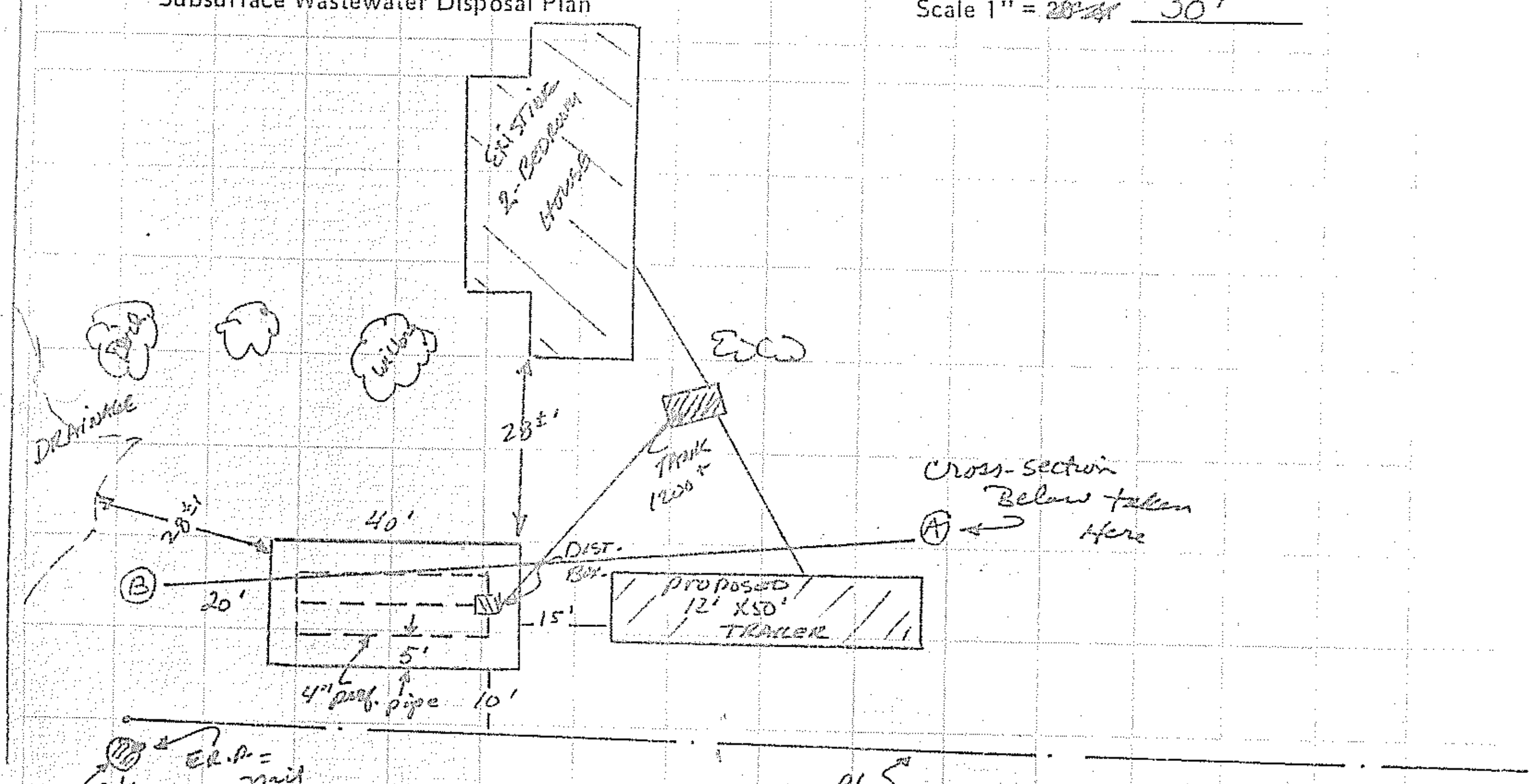
Scale 1" = 50 ft.



● Designates Elevation Reference Point (ERP) ⊕ Designates Observation Hole (TP or B)

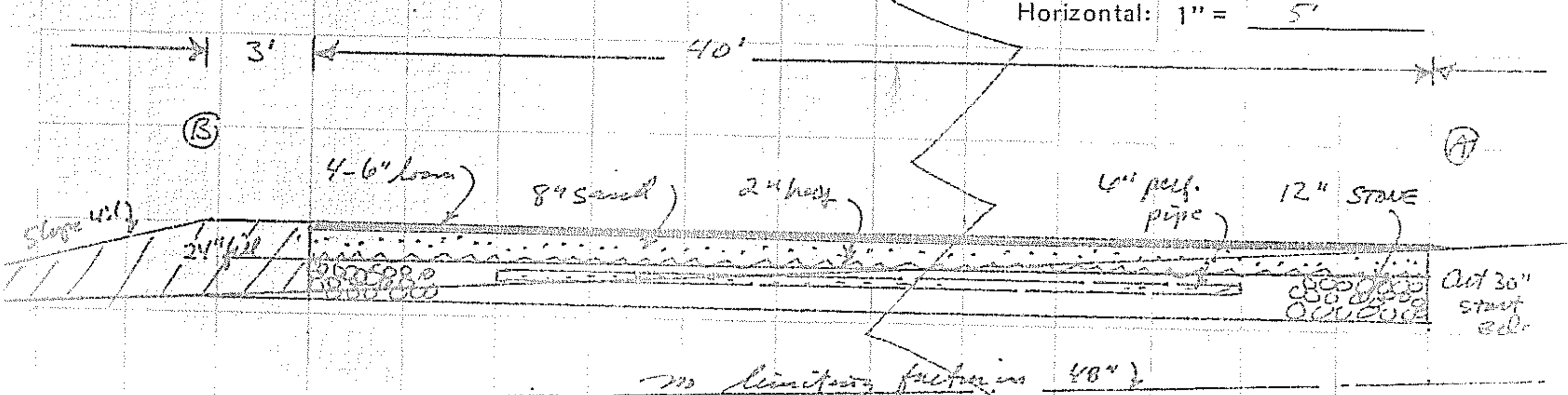
Subsurface Wastewater Disposal Plan

Scale 1" = ~~20~~ 30'



Subsurface Wastewater Disposal Area Cross-section

Scale: Vertical: 1" = 5'
Horizontal: 1" = 5'



Site Evaluators Signature: Stephen E. Goodwin

Date: Nov. 25, 1982

License Number: 65