

MS L 130

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: Augusta Me

Street Vicion Lot #: MT Vernon Rd

PROPERTY OWNERS NAME

Last: Dube First: Eugene

Applicant Name: Eugene L. Dube

Mailing Address of Owner/Applicant (If Different): Route 5 Box 930 Augusta

PERMIT INFORMATION

AUGUSTA 3898 TOWN COPY

Date Permit Issued: 9-14-98 \$ 59 FEE Double Fee Charged

Richard Kelly L.P.I. # 022

Local Plumbing Inspector Signature

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] Date _____

Signature of Owner/Applicant

Caution: Inspection Required

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

[Signature] Date Approved: 4-16-98

Local Plumbing Inspector Signature

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM Tank
- EXPANDED SYSTEM
- EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
 - Requiring Local Plumbing Inspector Approval
 - Requires State and Local Plumbing Inspector Approval
- MINIMUM LOT SIZE VARIANCE

INSTALLATION IS:

COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM
(Includes Alternative Toilet)
- ENGINEERED (+2000 gpd)

SEASONAL CONVERSION

to be completed by the LPI

- SYSTEM COMPLIES WITH RULES
- CONNECTED TO SANITARY SEWER
- SYSTEM INSTALLED - P# _____
- SYSTEM DESIGN RECORDED AND ATTACHED

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER _____ SPECIFY _____

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK _____ GAL
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: _____

SIZE OF PROPERTY: 3/4 Acre

ZONING: Rural L

TYPE OF WATER SUPPLY

City Water

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

- NOT REQUIRED
- MAY BE REQUIRED
(DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

Tank only

Replacement

DESIGN FLOW: _____ (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: _____ CONDITION: _____

DEPTH TO LIMITING FACTOR: _____

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq. Ft.
- CHAMBER _____ Sq. Ft.
- TRENCH _____ Linear Ft.
- OTHER: _____

SITE EVALUATOR STATEMENT

On 4-14-98 (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] 241 4-14-98

Site Evaluator Signature SE# Date

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