SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Subdivision Lot #	Townsend Rd.

PROPERTY OWNERS NAME

Last: Rogers First: Kelley

Applicant Name:	Same
Mailing Address of Owner/Applicant (If Different)	Route 5. Augusta, Me. 04330

AUGUSTA 1849 TOWN COPY

Date Permit Issued: 5 / 1 / 90 $ 40 FEE ☐ If Double Fee Charged

John O Pucciarelli L.P.I. # 963

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.

Kelly Rogers 6/6/90

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.

Gary R Fuller June 18, 1990

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
7 Acres	Rural

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
To be drilled

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
1.3 x. 240-312/25
14 infiltrator units

DESIGN FLOW: Mod. 240 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
5	C

DEPTH TO LIMITING FACTOR: 36

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 312 Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

On 8/15/89 (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.

Tonnie S. Knapp 260 9/20/89

Site Evaluator Signature SE# Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

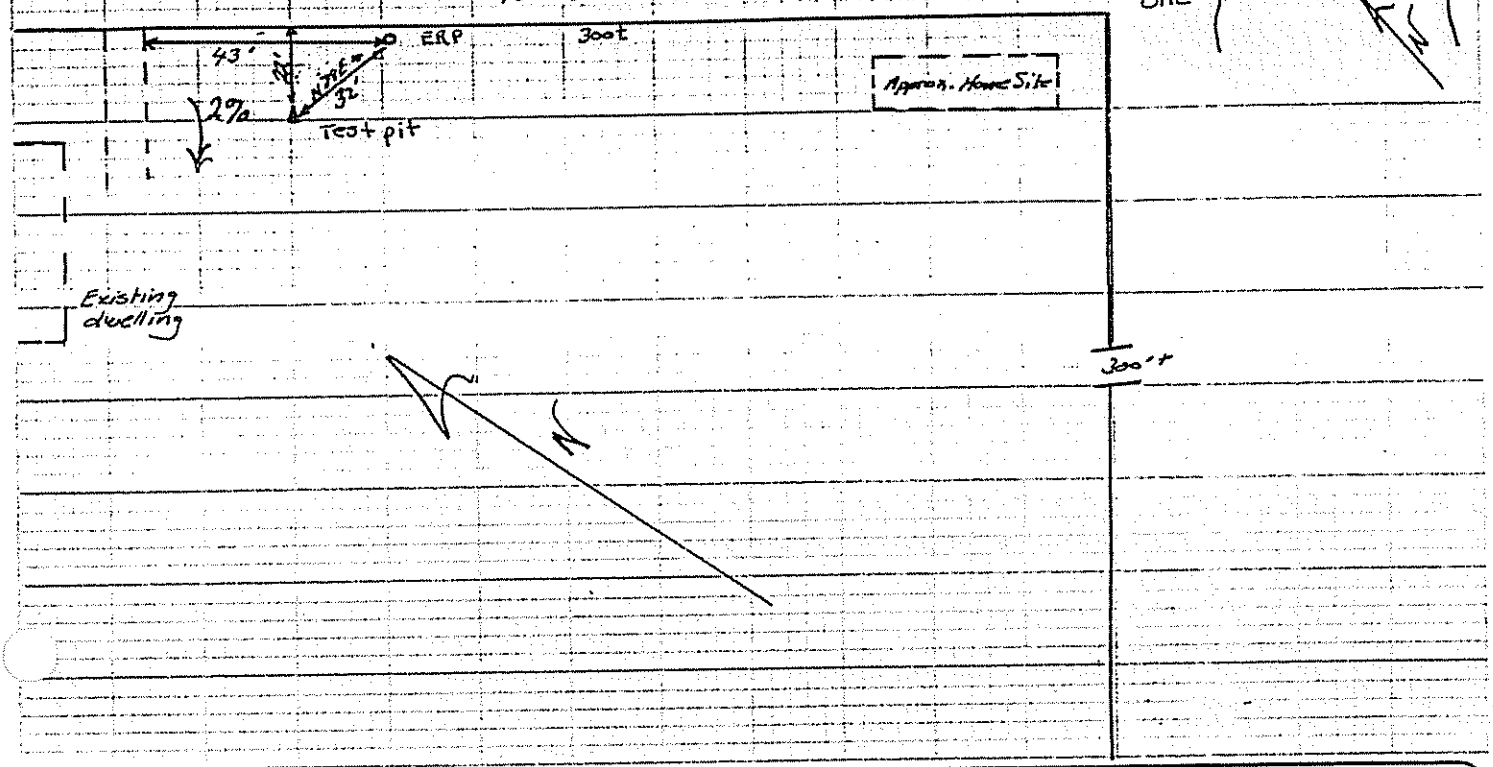
Department of Human Services
Division of Health Engineering

Town, City, Plantation: Augusta
Street, Road, Subdivision: Townsend Road
Owners Name: Kelley Rogers

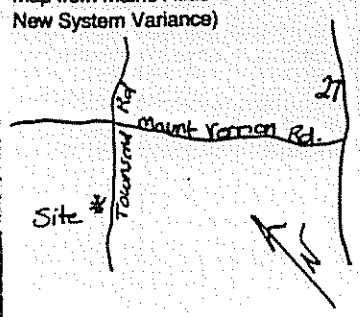
SITE PLAN

Scale 1" = 50 FT.

Note* well should be located 100' from system including tank.



SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole _____ ☒ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	Fine Sandy loam	Friable	Brown	FREE
6			light yellow Brown	
10	Fine Sand			
15	to			
20	Medium sands			
30				
		Somewhat Firm	Gray	FEW Faint
40				
50				

Soil	Classification	Slope	Limiting Factor	
5 (Profile)	C (Condition)	2 %	36"	☒ 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				
6				
10				
15				
20				
30				
40				
50				

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

Site Evaluator Signature: [signature]

SE#: 26.0

Date: 9/20/89

HHE-200 Rev. 1/84

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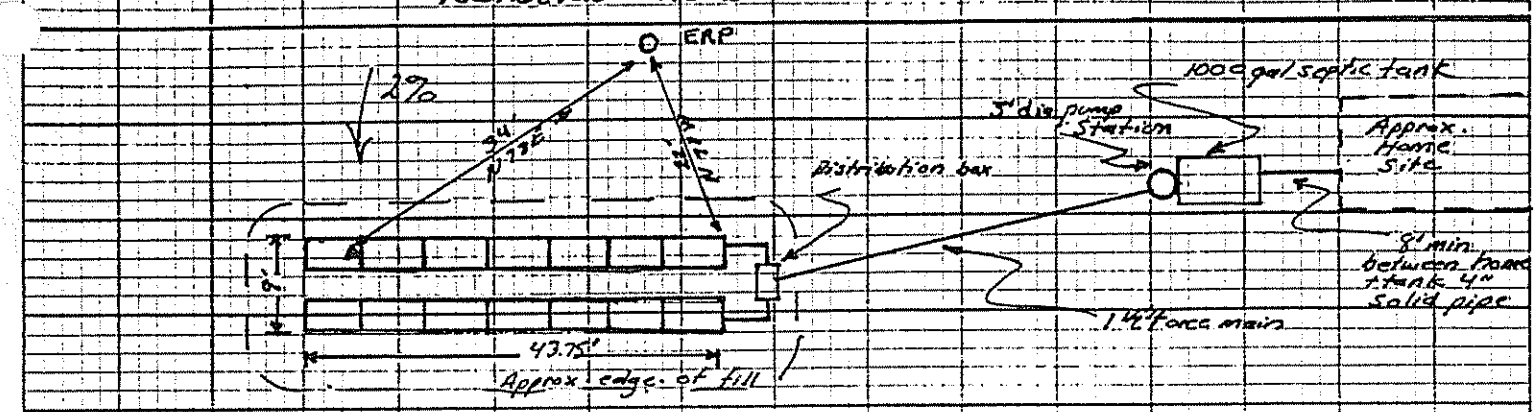
Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Townsend Rd.	Kelley Rogers

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



Note #. This design requires 14 infiltrator units property line greater than 100' ft in all directions.

FILL REQUIREMENTS

Depth of Fill (Upslope) 12"
Depth of Fill (Downslope) 14"

CONSTRUCTION ELEVATIONS

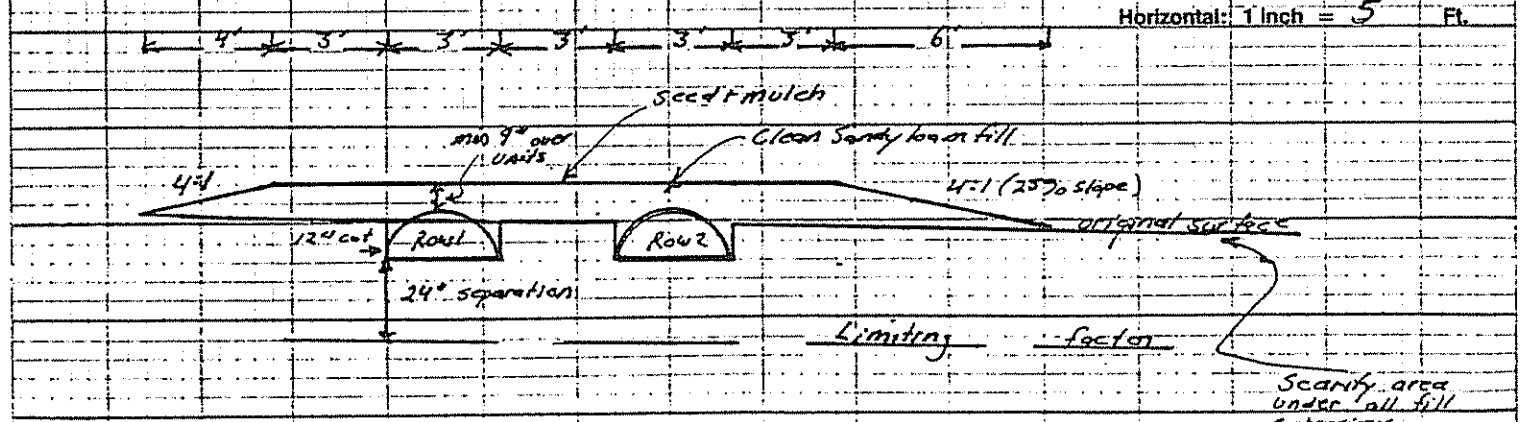
Reference Elevation is 0.00
Bottom of Disposal Area Row 1+2 -71"
Top of Distribution Lines or Chambers -56"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

white Pine Flagged nail 32' N78E of T.P.

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 5 Ft.



Site Evaluator Signature: [signature]
SE#: 260
Date: 9/20/89