

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: Augusta Marketplace
 Street: Thomas Road
 Division Lot #: 100

PROPERTY OWNERS NAME

Last: Thomas Road Home First: _____
 Applicant Name: J.F. Brown
 Mailing Address of Owner/Applicant (if Different): _____

Augusta Region Permit # 3192 TOWN COPY

Date Permit Issued: 7/14/05 \$ 30.00 FEE Double Fee Charged

[Signature] Local Plumbing Inspector Signature L.P.I. # 100

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: _____

Parking lot area in front of duplex

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. NEW SYSTEM
 2. REPLACEMENT SYSTEM
 3. EXPANDED SYSTEM
 4. SEASONAL CONVERSION
 5. EXPERIMENTAL SYSTEM

THIS APPLICATION:

1. NO RULE VARIANCE
 2. NEW SYSTEM VARIANCE
 Attach New System Variance Form
 REPLACEMENT SYSTEM VARIANCE
 Attach Replacement System Variance Form
 3. Requiring Local Plumbing Inspector Approval
 4. Requires State and Local Plumbing Inspector Approval

1. NON-ENGINEERED SYSTEM
 2. PRIMITIVE SYSTEM (Includes Alternative Toilet)
 3. ENGINEERED (+ 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

4. TREATMENT TANK (ONLY) Crease 1000
 5. HOLDING TANK
 6. ALTERNATIVE TOILET (ONLY)
 7. NON-ENGINEERED DISPOSAL AREA (ONLY)
 8. ENGINEERED DISPOSAL AREA (ONLY)
 9. SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED: _____
 THE FAILING SYSTEM IS:
 1. BED 3. TRENCH
 2. CHAMBER 4. OTHER: DA

DISPOSAL SYSTEM TO SERVE:

1. SINGLE FAMILY DWELLING
 2. MODULAR OR MOBILE HOME
 3. MULTIPLE FAMILY DWELLING
 4. OTHER: Richard SPECIFY _____

SIZE OF PROPERTY: _____

ZONING: CP

TYPE OF WATER SUPPLY

Public

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. SEPTIC: Regular Low Profile
 2. AEROBIC Crease 1000
 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.)

2/21

DESIGN FLOW: _____ (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: _____ CONDITION: _____
 DEPTH TO LIMITING FACTOR: 2/21

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

SITE EVALUATOR STATEMENT

SITE EVALUATION WAIVED BY LOCAL OPTION

On _____ (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.