# 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 #: Old Belgrade Road

**PROPERTY OWNERS NAME**

Last: Pelletier First: Erving

Applicant Name: Same

Mailing Address of Owner/Applicant (If Different): P.O. Box 811, Gardiner, Me. 04345

AUGUSTA 2388 00 TOWN COPY

Date Permit Issued: 4/17/92 – $ 60 FEE ☐ Double Fee Charged

Local Plumbing Inspector Signature: [signature] L.P.I. # 850

Rut inspection 6/1/92

**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: [signature] 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: [signature] Date Approved: 6/5/92

**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:** 3 Ac. ±

**ZONING:** Rural/Res.

**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:** Drilled (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 Recommend
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: 35 GALS.

**CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)**
Two Bedroom Single Family Dwelling - Min. Design Flow plus 8%.

DESIGN FLOW: 195 (GALLONS/DAY)

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

| PROFILE | CONDITION |
|---|---|
| 8 | B |

DEPTH TO LIMITING FACTOR: 24

**SIZE RATINGS USED FOR DESIGN PURPOSES**
1. ☐ SMALL
2. ☐ MEDIUM
3. ☐ MEDIUM-LARGE
4. ☒ LARGE
5. ☐ EXTRA LARGE

**DISPOSAL AREA TYPE/SIZE**
1. ☒ BED 800 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

**SITE EVALUATOR STATEMENT**

On 4/10/92 (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: David P. Rogers SE#: 154 Date: 4/10/92

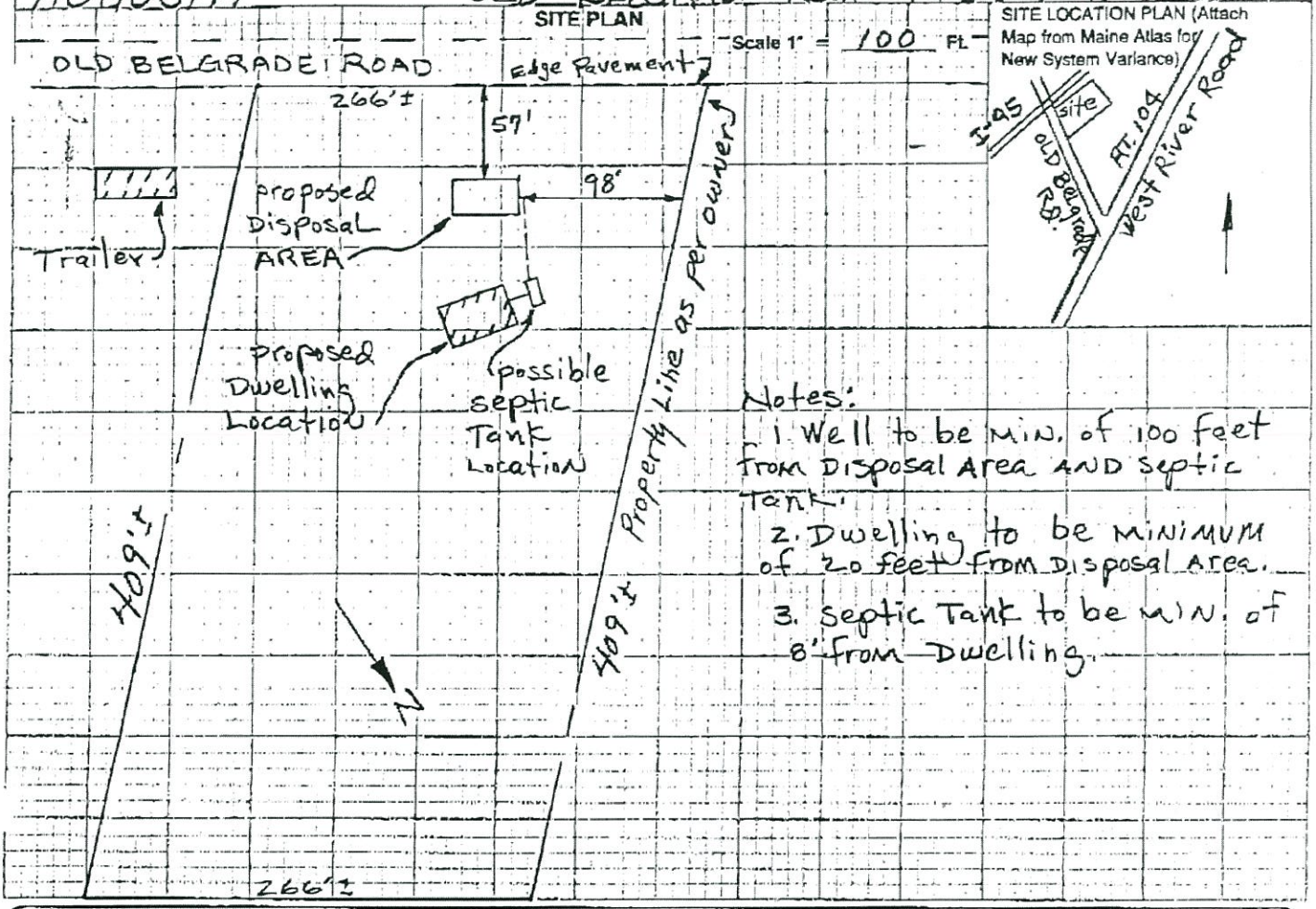
(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: OLD BELGRADE Rd.
Owners Name: ERVING Pelletier

SITE PLAN — Scale 1" = 100 Ft.




Notes:
1. Well to be min. of 100 feet from Disposal Area AND septic Tank.
2. Dwelling to be minimum of 20 feet from Disposal Area.
3. Septic Tank to be min. of 8' from Dwelling.

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

Observation Hole Tp1 & Tp3 ☒ Test Pit ☐ Boring

1" Depth of Organic Horizon Above Mineral Soil

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–8 | Loam | | Dark Brown | |
| 8–10 | | Friable | Brown | NONE |
| 15–20 | Very fine Sandy Loam | | yellow Brown | EVIDENT |
| | | | Light Brown | |
| 30–40 | Mixed fine Sandy Loam, fine Sand and Loamy Sand | Friable to Firm in places | Light olive Brown | |

| Soil | Classification | Slope | Limiting Factor | |
|---|---|---|---|---|
| B (Profile) | C (Condition) | 2 % | 24" | ☐ Ground Water ☒ Restrictive Layer ☐ Redrock |

Observation Hole Tp2 ☒ Test Pit ☐ Boring

1 Depth of Organic Horizon Above Mineral Soil

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–8 | Loam | | Dark Brown | |
| 10–15 | Fine Sandy Loam | Friable | Brown | NONE observed |
| | | | yellow Brown | |
| | | | Light Brown | |
| 30–40 | Mixed Fine Sandy Loam, Loamy Sand, fine Sand, some silt | Friable to Firm in places | Light olive Brown | |

| Soil | Classification | Slope | Limiting Factor | |
|---|---|---|---|---|
| B (Profile) | C (Condition) | 2 % | 28" | ☐ Ground Water ☒ Restrictive Layer ☐ Redrock |

David P. Roque — Site Evaluator Signature
154 — SE#
4/10/92 — Date


HHE-200 Rev. 1/84

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

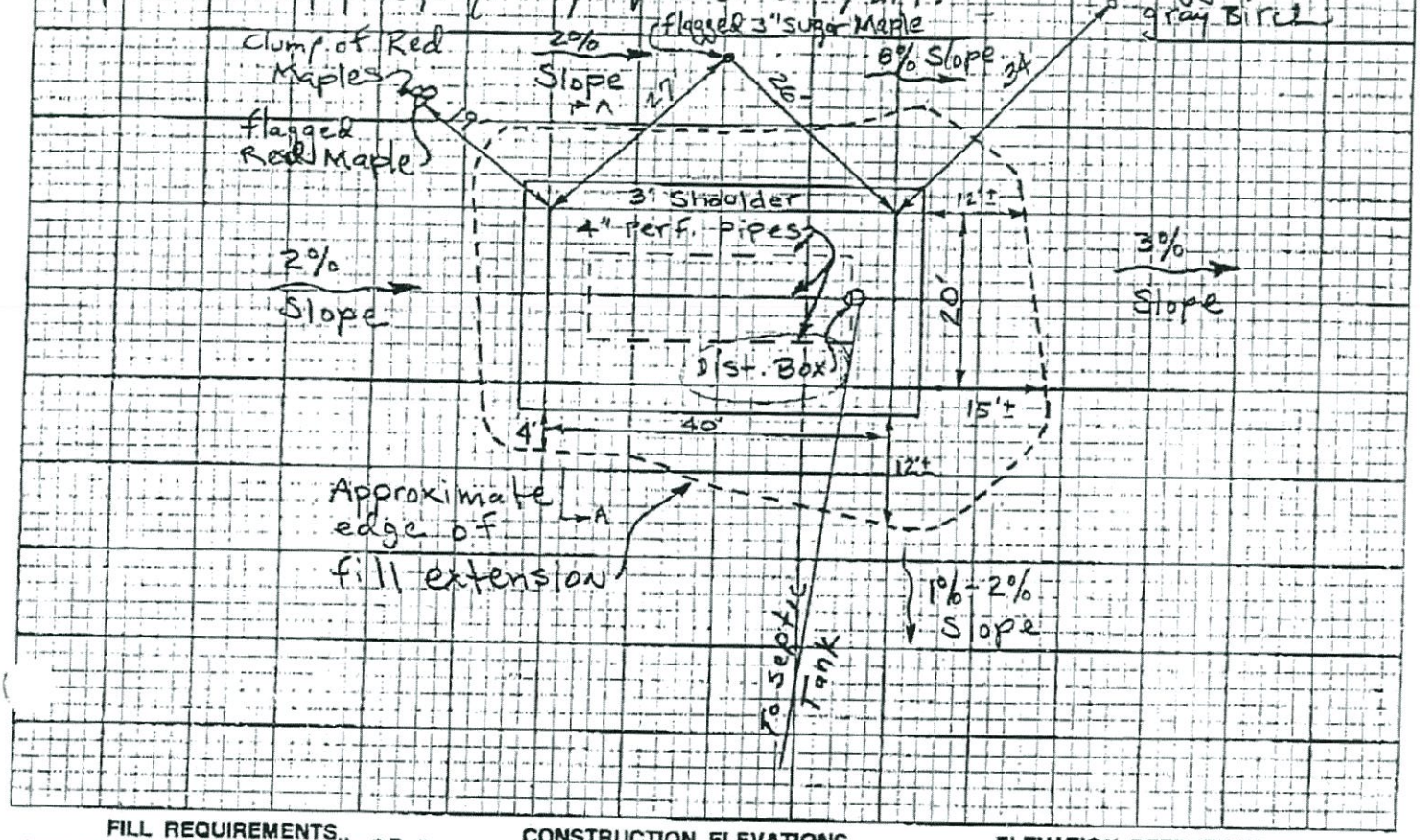
Department of Human Services
Division of Health Engineering

| Town, City, Plantation | Street, Road, Subdivision | Owners Name |
|---|---|---|
| AUGUSTA | OLD BELGRADE ROAD | ERVING Pelletier |

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

sposal Area to be 20'x45' stone bed with three 4" perforated pipes, equally spaced 5' apart.




**FILL REQUIREMENTS**

Depth of Fill (Upslope) 12"-23"
Depth of Fill (Downslope) 12"-32"

**CONSTRUCTION ELEVATIONS**

Reference Elevation is 0
Bottom of Disposal Area -48"
Top of Distribution Lines or Chambers -36"

**ELEVATION REFERENCE POINT LOCATION & DESCRIPTION**

flagged nail in 3" Sugar Maple tree SW of Disp. Area

**DISPOSAL AREA CROSS SECTION**

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

See Next Sheet

David P. Rorque
Site Evaluator Signature

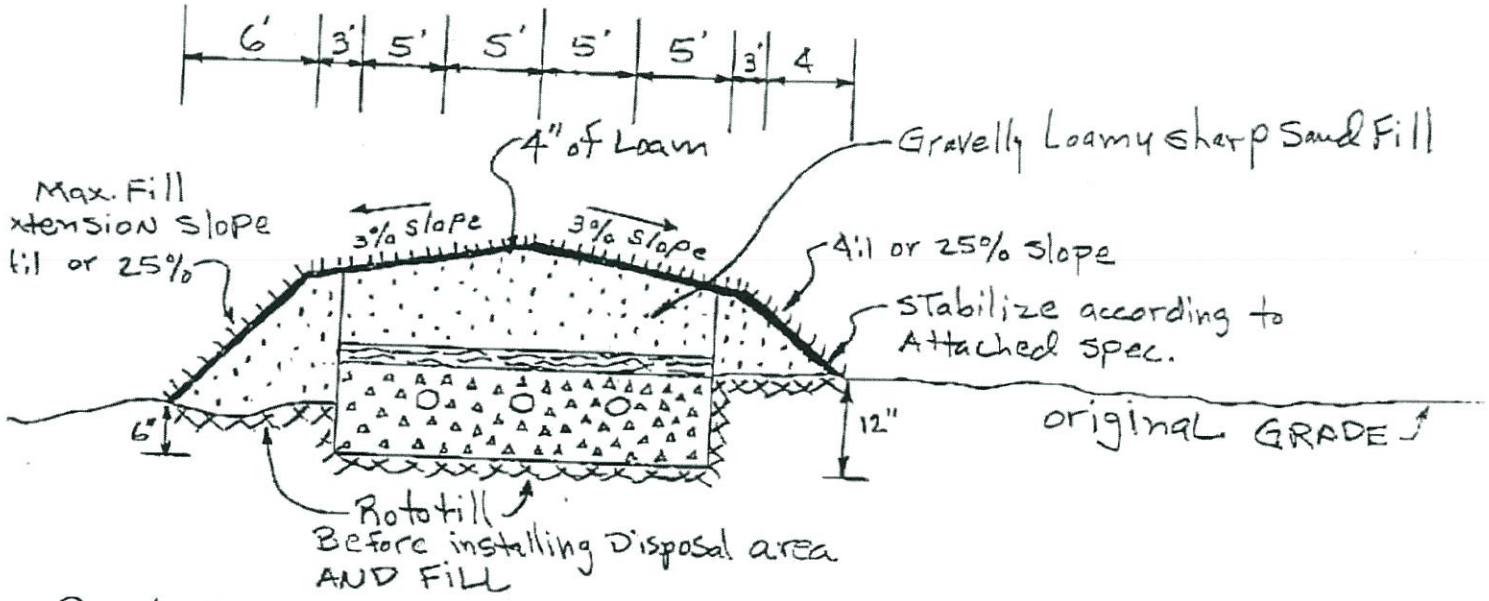
154
SE#

4/10/92
Date


HHE-200 Rev. 1/84

# Subsurface Absorption Area Cross-Section

(Not to Scale)




Bed Consists of:

13" of 3/4"-3" stone; 8" under pipe and 1" over pipe.

2" of compressed hay over stone or approved alternative.

8" of Loamy Sand fill over Hay. Loamy Sand to be used for fill extensions.

Top of bed to be stabilized with loam if necessary, and grass seed.

Remove organic soil horizon from beneath disposal area and entire fill extension Area. Cut or fill to grade then rototill. All fill to be gravelly Loamy (dirty) sharp Sand except 4" of loam on surface for Seed bed.

Note:
Remove organic matter and carify soil before installing ed and fill.

pe To be 4" dia. and perforated.

-are should be taken to AVOID compacting the Soil Under the Leach field and FILL Area. This would eliminate the Natural Soil Pores and Severely Limit the soil's Ability to handle the Waste Water.

Call-07
Way
689-1484

# PAT JACKSON INC. - TRI-CITY
## SEPTIC TANK CLEANING SERVICE

P.O. BOX 691
AUGUSTA, MAINE 04332
(207) 623-3223 • 622-2567

| Ordered by: | PO # | Phone 626-0285 | Date 11-16-12 |
|---|---|---|---|

NAME: Erving Pelletier

ADDRESS: 189 old Belgrade Rd
Augusta

| SOLD BY | TRUCK # | RC | BILL | CASH | CHECK | MC/VISA |
|---|---|---|---|---|---|---|
| Gary | T-102 | | | | ✓ | |

| QTY | DESCRIPTION | AMOUNT |
|---|---|---|
| 1000 | Gal. Pumped • Septic • HT • Grease | 200 00 |
| | Est. Tank Size 1000 | |
| Ready | Locating & Digging | |
| | Extra Hose Fee | |
| | Clean Filter | |
| | Septic System Inspection • Evaluation | |
| | Compost | |
| | Miscellaneous | |
| | Emergency Fee | |
| | Comments: | |
| | Paid | |
| | Ck # 538 | |
| | | |
| | TAX | |
| | 2 Hose TOTAL | 200 00 |

☐ Backing Up ☐ Recommend Risers ☐ Need Cover
☐ Tank Over Full ☐ Baffle or Filter Needed ☐ Recommend Evaluation
☐ Field Running Back ☐ Customer Notified

Payment due upon Service. 1 ½% per month interest after 30 days.

PJI is not responsible for damage to covers, driveways & lawns during time of service.

Thank You

NO 185560