

M 6 L 10 B

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS	
Town Or Plantation	<u>H. G. ...</u>
Street	<u>...</u>
Subdivision Lot #	<u>...</u>
PROPERTY OWNERS NAME	
Last: <u>...</u>	First: <u>...</u>
Applicant Name:	<u>...</u>
Mailing Address of Owner/Applicant (if Different)	<u>...</u>

AUGUSTA PERMIT # 1,074 TOWN COPY

Date Permit Issued: 6/15/07 \$ 1,200.00 Double Fee Charged

[Signature] L.P.I. # 1199

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] 6/15/07

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.

[Signature] 6/15/07

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- 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

INSTALLATION IS:

COMPLETE SYSTEM

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

INDIVIDUALLY INSTALLED COMPONENTS:

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

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED N/A

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: _____

DISPOSAL SYSTEM TO SERVE:

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

SIZE OF PROPERTY _____ ZONING _____

TYPE OF WATER SUPPLY

A-Well

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: 1100 GALS.

WATER CONSERVATION

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

SPECIFY: _____

PUMPING

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

DOSE: _____ GALS.

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

10/91

DESIGN FLOW: _____ (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
_____	<u>N/A</u>

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.
 REGULAR H-20
- TRENCH _____ Linear Ft.
- 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.

M. J. L. O. P.

Caution: Family Reviews
The Division of Health Engineering (DHE) is pleased to assist you in the family review process. The family review process is a voluntary process that allows you to review the health services provided to your family. The family review process is a voluntary process that allows you to review the health services provided to your family. The family review process is a voluntary process that allows you to review the health services provided to your family.

Form with fields: Owner/Manager, Address, City, State, Zip, Phone, Fax, Email, Website, and a section for 'Comments'.

Caution: Inspection Required
A permit is required for installation, alteration, repair, or maintenance of a plumbing system. The permit is required for installation, alteration, repair, or maintenance of a plumbing system. The permit is required for installation, alteration, repair, or maintenance of a plumbing system.

Ownership/Installation Information
Please provide the following information regarding the ownership and installation of the plumbing system. The information should be provided in the following format: Ownership/Installation Information.

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- REARLAINING CONVERSION
- EXPERIMENTAL SYSTEM

IF REPLACEMENT SYSTEM:

YEAR RAINING SYSTEM INSTALLED: _____

THE FAMILY SYSTEM IS:

- 1. 1/2" OR 3/4" TRIP
- 2. OTHER: _____

TYPE OF WATER SUPPLY: _____

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANT (Includes Alternative Code)
- REARLAINING SYSTEM VARIANT (Includes Alternative Code)
- Applying Local Planning Inspector Approval
- Programs and local planning approval

DISPOSAL SYSTEM TO BE USED:

- SINGLE FAMILY DWELLING
- MULTIPLE FAMILY DWELLING
- OTHER: _____

TYPE OF WATER SUPPLY:

- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

INDIVIDUALLY INSTALLED COMPONENTS:

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



SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: _____

CONDITION: _____

EXERCISES USED FOR DESIGN PURPOSES

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

WATER CONSERVATION

- NONE
- LOW (LOW FLOW TOILET)
- STANDARD (LAWNS)
- OTHER: _____

TREATMENT TANK

- 1. 1/2" OR 3/4" TRIP
- 2. OTHER: _____

DESIGN FLOW (GALLONS PER DAY)

- 1. 1/2" OR 3/4" TRIP
- 2. OTHER: _____

DESIGN FLOW (GALLONS PER DAY)

- 1. 1/2" OR 3/4" TRIP
- 2. OTHER: _____

DATE EVALUATOR STATEMENT

On _____ (date) I conducted a site evaluation for the _____ and the results that the data reported is accurate. The system I propose is in accordance with the Building Waterway Division Rules.

Signature: _____

Date: _____