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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Subdivision Lot #	Eight Rod Road

PROPERTY OWNERS NAME

Cloutier (Last:) Mike (First:)

Applicant Name:	Mike Cloutier
Mailing Address of Owner/Applicant (If Different)	29 Gage Street Augusta Maine

AUGUSTA PERMIT # 412 / TOWN COPY

Date Permit Issued: 3/25/85 $ 40.00 FEE ☐ If Double Fee Charged

Pierre St Pierre
Local Plumbing Inspector Signature

L.P.I. # 1667

D-Box required

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.

Patricia St. Hilaire 3-25-85
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.

Randall D. Lang — 4/16/85
Local Plumbing Inspector Signature — Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

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

THIS APPLICATION REQUIRES:

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

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
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: _____

DISPOSAL SYSTEM TO SERVE:

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

SIZE OF PROPERTY: 1.9A ±

ZONING: N/A

TYPE OF WATER SUPPLY: PROPOSED DRILLED WELL

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: _____ GALS.

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

SINGLE FAMILY DWELLING

3 BEDROOM

TABLE 7-1 MODERATE FLOW

DESIGN FLOW: 360 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 7 CONDITION: C

DEPTH TO LIMITING FACTOR: 16

SIZE RATINGS USED FOR DESIGN PURPOSES

1. ☐ SMALL
2. ☐ MEDIUM
3. ☒ MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. ☒ BED 1200 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 4-9-83 (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.

Gerald C Poulin — 78 — 5-2-83
Site Evaluator or Professional Engineer's Signature — SE# / PE# — Date

* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Option

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

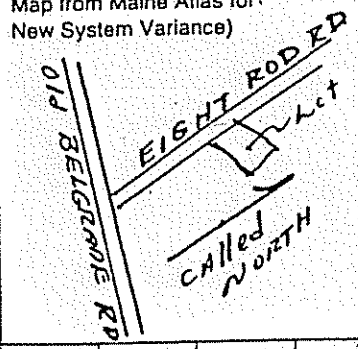
Department of Human Services
Division of Health Engineering

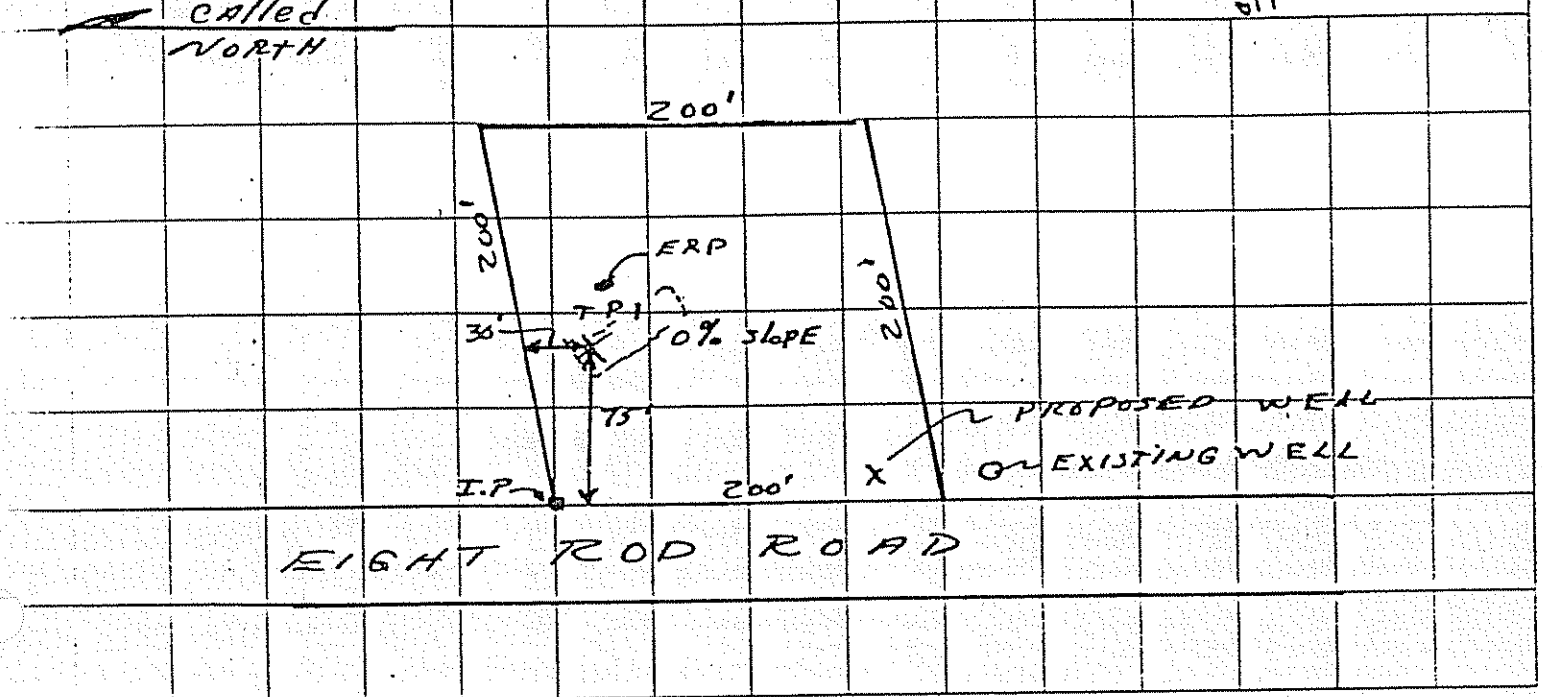
City, Plantation: AUGUSTA
Street, Road, Subdivision: EIGHT Rod Road
Owners Name: MIKE CLOUTIER

SITE PLAN

Scale 1" = _____ Ft.

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





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

Observation Hole 1 ☑ Test Pit ☐ Boring

0 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	LOAM		DARK BROWN	
6–15	SANDY LOAM		RED BROWN	
15–23		FRIABLE		FAINT
23–45	LOAMY SAND		OLIVE BROWN	COMMON
45–50	CLAY	FIRM	OLIVE	

Soil Profile	Classification Condition	Slope %	Limiting Factor	
7	C	0	16	☑ 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
0–50				

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

Gerald C Poulin — Site Evaluator or Professional Engineer's Signature
79 — SE# / PE#
5-2-83 — Date

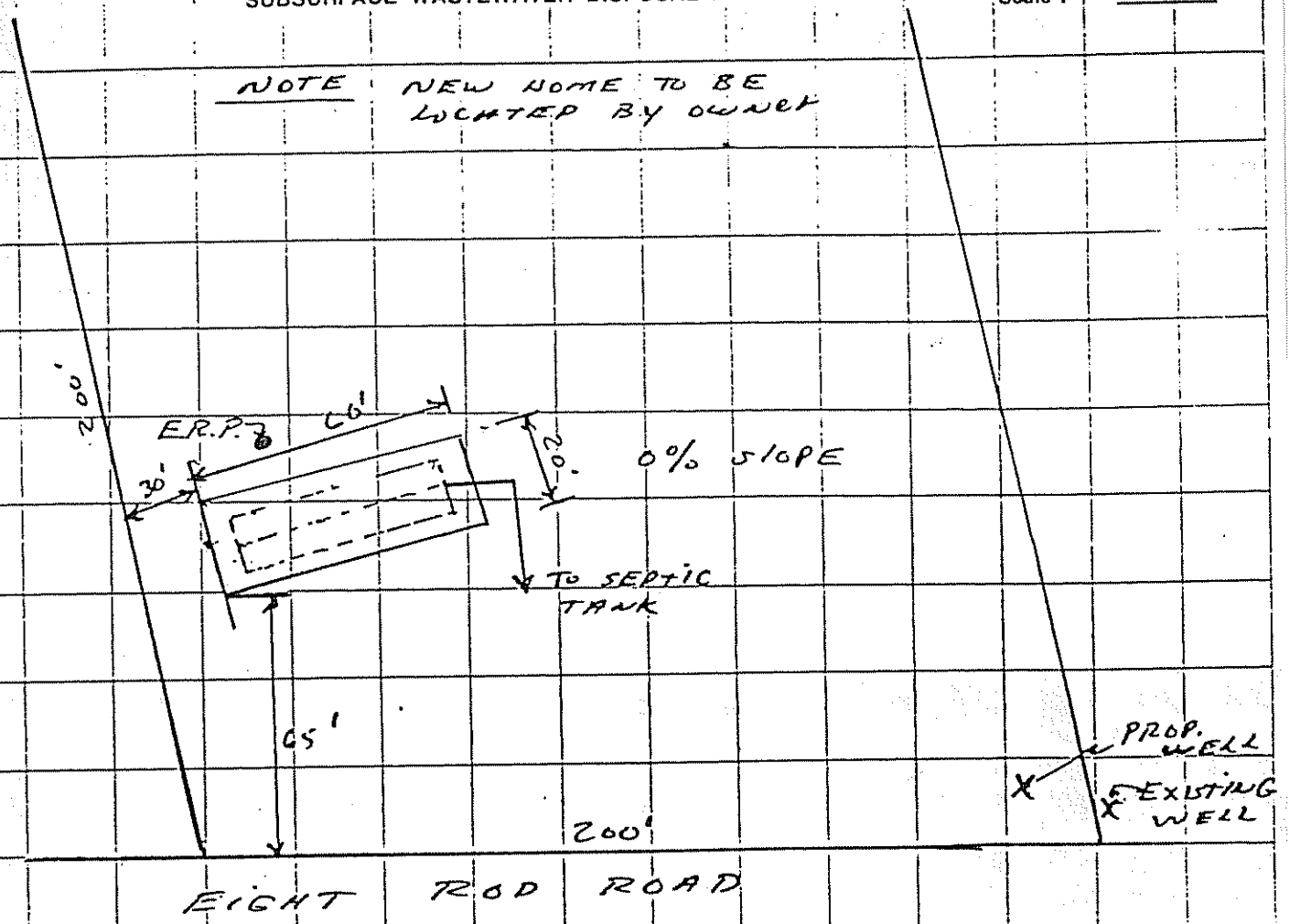
Department of Human Services
Division of Health Engineering

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

City, Plantation: Augusta
Street, Road, Subdivision: Eight Rod Road
Owners Name: Mike Cloutier

SUBSURFACE WASTEWATER DISPOSAL PLAN

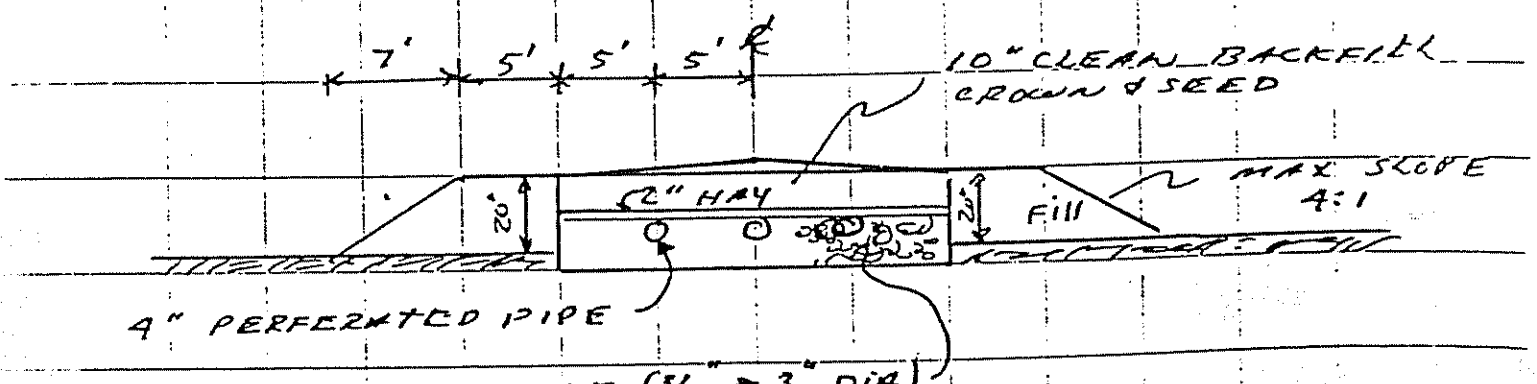
Scale 1" = _____ Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	20"	Reference Elevation Is	00"	ERP – NAIL IN TREE
Depth of Fill (Downslope)	20"	Bottom of Disposal Area	-24"	
		Top of Distribution Lines or Chambers	-13"	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 4 Ft.
Horizontal: 1 Inch = 10 Ft.



Site Evaluator or Professional Engineer's Signature _____ SE # / PE # _____ Date _____