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 #	E Rod Rd

PROPERTY OWNERS NAME

Last: Minoty First: Richard

Applicant Name:	Same as above
Mailing Address of Owner/Applicant (If Different)	

Relocate to Legal Location
M6 619B
AUGUSTA PERMIT # 351 TOWN COPY
Date Permit Issued: 11 7 84 $ 30.00 FEE ☐ If Double Fee Charged
Randall D. Guy
Local Plumbing Inspector Signature L.P.I. # 759

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

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

[signature] 11/4/84
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. ☐ Requiring Local Plumbing Inspector Approval
4. ☐ Requires 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: _____

SIZE OF PROPERTY	ZONING

DISPOSAL SYSTEM TO SERVE:

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

TYPE OF WATER SUPPLY

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☐ SEPTIC: ☐ Regular ☐ Low Profile
2. ☐ AEROBIC

SIZE: _____ 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 Bedrooms
@ 90 gal/cm

DESIGN FLOW: 180 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 17

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

1. ☒ BED 100 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.

_____ Site Evaluator Signature
_____ SE#
_____ Date

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

TOWN COPY

Relocated to 3 of location within the same TT [illegible] Due to surveying problem with 10' Set Back

623-2678 #380.00

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
1-83-25 (207) 289-3826

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Subdivision Lot #	8 Rod Road

PROPERTY OWNERS NAME

Last: Minoty First: Richard

Applicant Name:	10 North St.
Mailing Address of Owner/Applicant (If Different)	Augusta, Maine

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

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 — 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 — Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

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

THIS APPLICATION REQUIRES:

1. [X] 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. [X] 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. [X] MODULAR OR MOBILE HOME
3. [ ] MULTIPLE FAMILY DWELLING
4. [ ] OTHER _____ SPECIFY

SIZE OF PROPERTY: 2 ± Ac.

ZONING: Rural?

TYPE OF WATER SUPPLY: To be a drilled well

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. [X] SEPTIC: [X] Regular [ ] Low Profile
2. [ ] AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION

1. [ ] NONE
2. [X] LOW VOLUME TOILET Rec.
3. [ ] SEPARATED LAUNDRY SYSTEM
4. [ ] ALTERNATIVE TOILET

SPECIFY _____

PUMPING

1. [X] 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 bedrooms @ 90 gal/pc

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 17

SIZE RATINGS USED FOR DESIGN PURPOSES

1. [ ] SMALL
2. [ ] MEDIUM
3. [X] MEDIUM-LARGE
4. [ ] LARGE
5. [ ] EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. [X] BED 700 Sq. Ft.
2. [ ] CHAMBER _____ Sq. Ft.
   [ ] REGULAR [ ] H-20
3. [ ] TRENCH _____ Linear Ft.
4. [ ] OTHER: _____

DESIGN FLOW: 180 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

([ ] SITE EVALUATION WAIVED BY LOCAL OPTION)

On 5/10/83 (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.

Albert E. Grabowski — Site Evaluator or Professional Engineer's Signature

046 — SE# / PE#

5/11/83 — Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

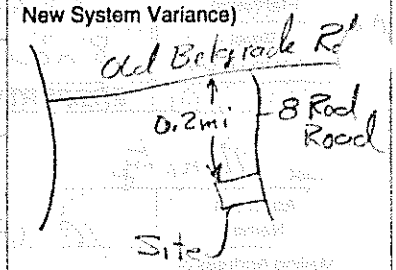
Department of Human Services
Division of Health Engineering

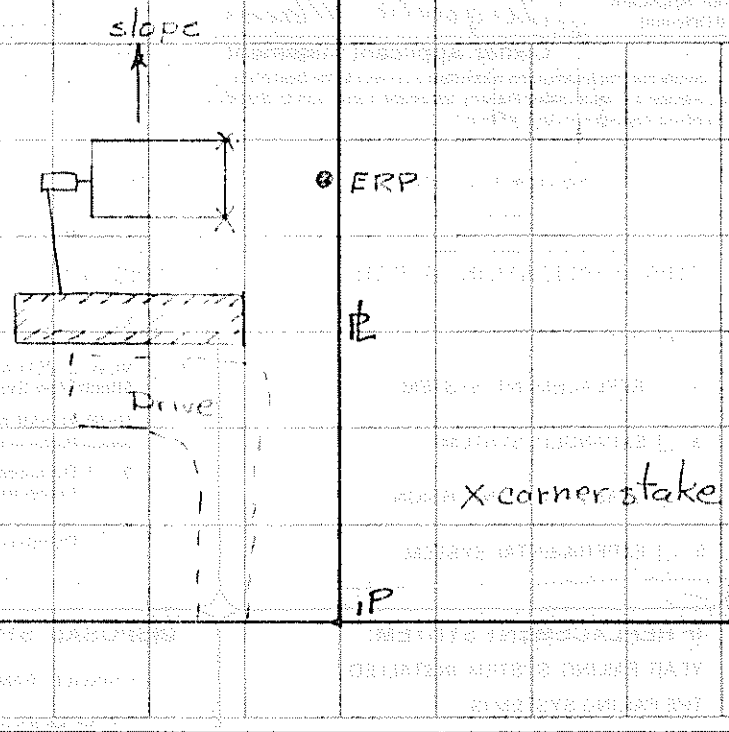
Town, City, Plantation: Augusta
Street, Road, Subdivision: 8 Road Road
Owners Name:

SITE PLAN

Scale 1" = 50 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

<1 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	Sandy loam	Loose	Brown	
6–15				17"
15–20		Hand Packed	Olive Brown	
20–30				
30–40				
40–50				

Soil	Classification	Slope	Limiting Factor
3 (Profile)	C (Condition)	12-14 %	17 ☒ 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				
6–15				
15–20				
20–30				
30–40				
40–50				

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

Albert E Hodsden III — Site Evaluator or Professional Engineer's Signature
046 — SE# PE#
5/11/83 — Date

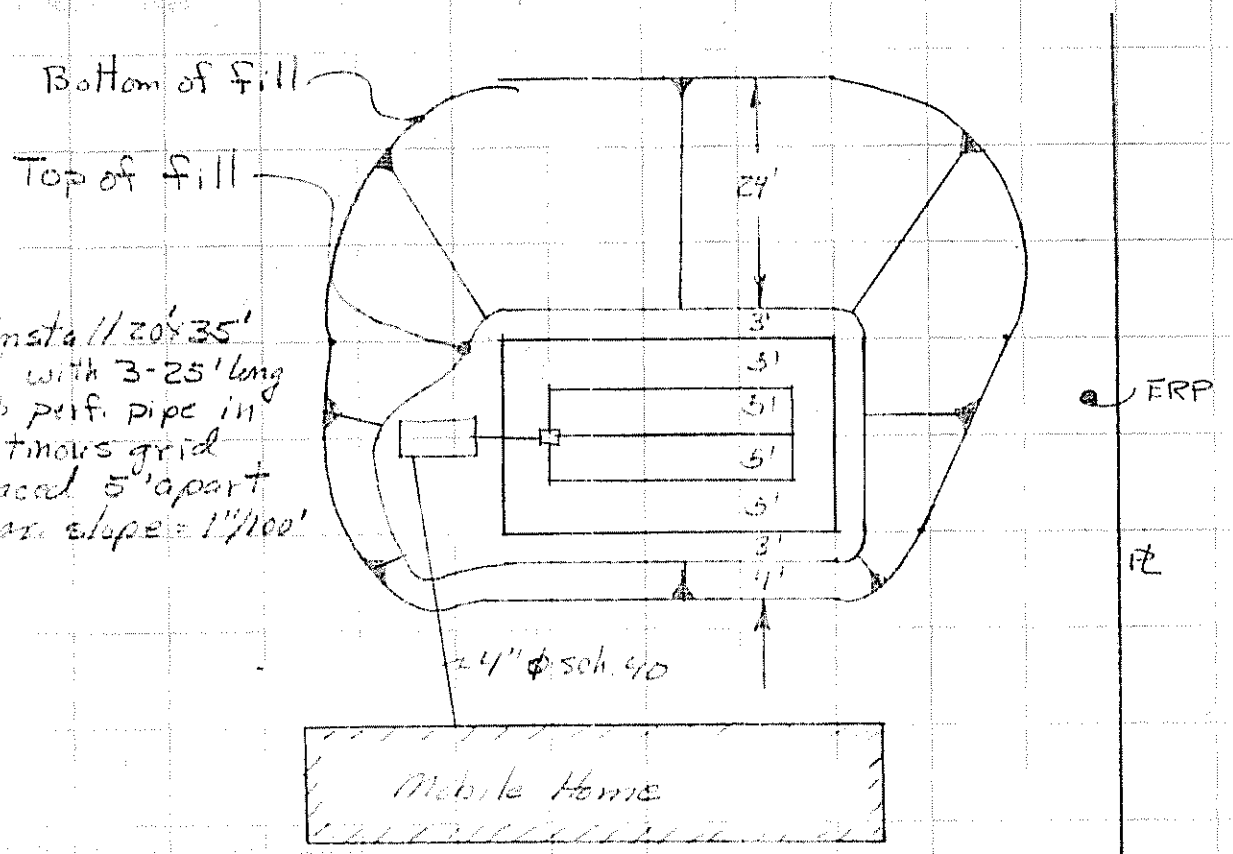
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: Augusta
Street, Road, Subdivision: 8 Rod Road
Owners Name:

SUBSURFACE WASTEWATER DISPOSAL PLAN

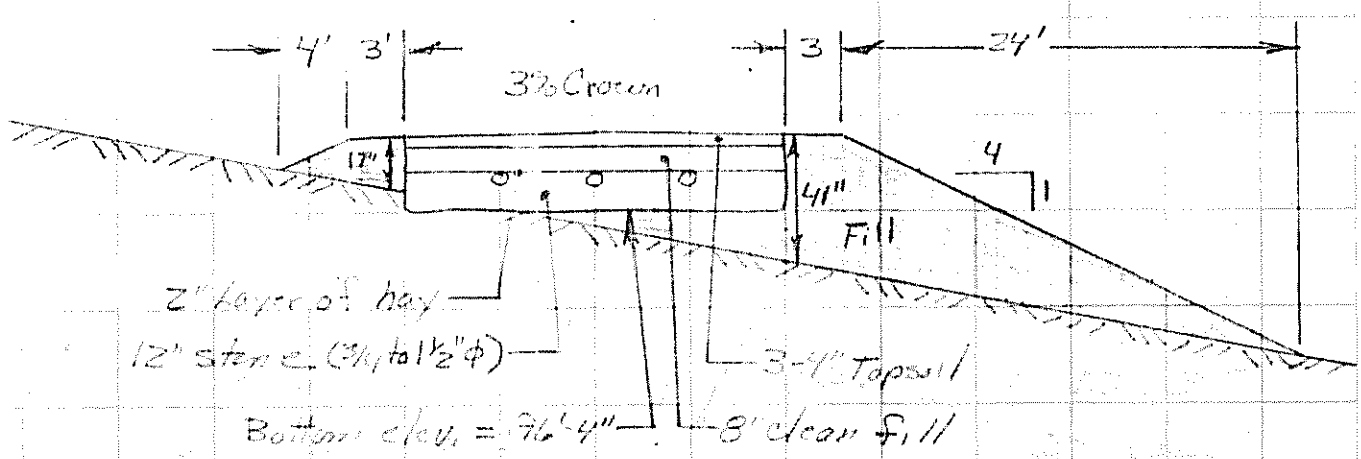
Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	17"	Reference Elevation is	100'-0"	To be a drilled well
Depth of Fill (Downslope)	41"	Bottom of Disposal Area	96'-4"	
		Top of Distribution Lines or Chambers	97'-4"	

DISPOSAL AREA CROSS SECTION

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



Albert E. Woodward
Site Evaluator or Professional Engineer's Signature

046
SE # / PE #

5/11/83
Date