SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street bdivision Lot #	Rt#3-Box 20-West River Rd.

PROPERTY OWNERS NAME

Last: TRASK First: ELIZABETH

Applicant Name:	SAME
Mailing Address of Owner/Applicant (If Different)	Rt#3-Box 20 West River Rd, Augusta ME 04330

AUGUSTA 1985 TOWN COPY
Date Permit Issued: 9 27 91 $ 40.00 FEE ☐ If Double Fee Charged
Local Plumbing Inspector Signature L.P.I. # 850

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 9/27/90

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 PRE 1974
THE FAILING SYSTEM IS:
1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☑ OTHER: old TANK

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

SIZE OF PROPERTY	ZONING	TYPE OF WATER SUPPLY
60± Ac	RURAL	DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☑ SEPTIC: ☑ Regular ☐ Low Profile
2. ☐ AEROBIC
SIZE: 1,000 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.)
3 BEDROOM HOUSE
DESIGN FLOW: 270 g.p.d. (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
7	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 _____ Sq. Ft.
2. ☒ CHAMBER 459 Sq. Ft. ☒ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

On 5-23-90 (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# 274 — Date 5-25-90

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

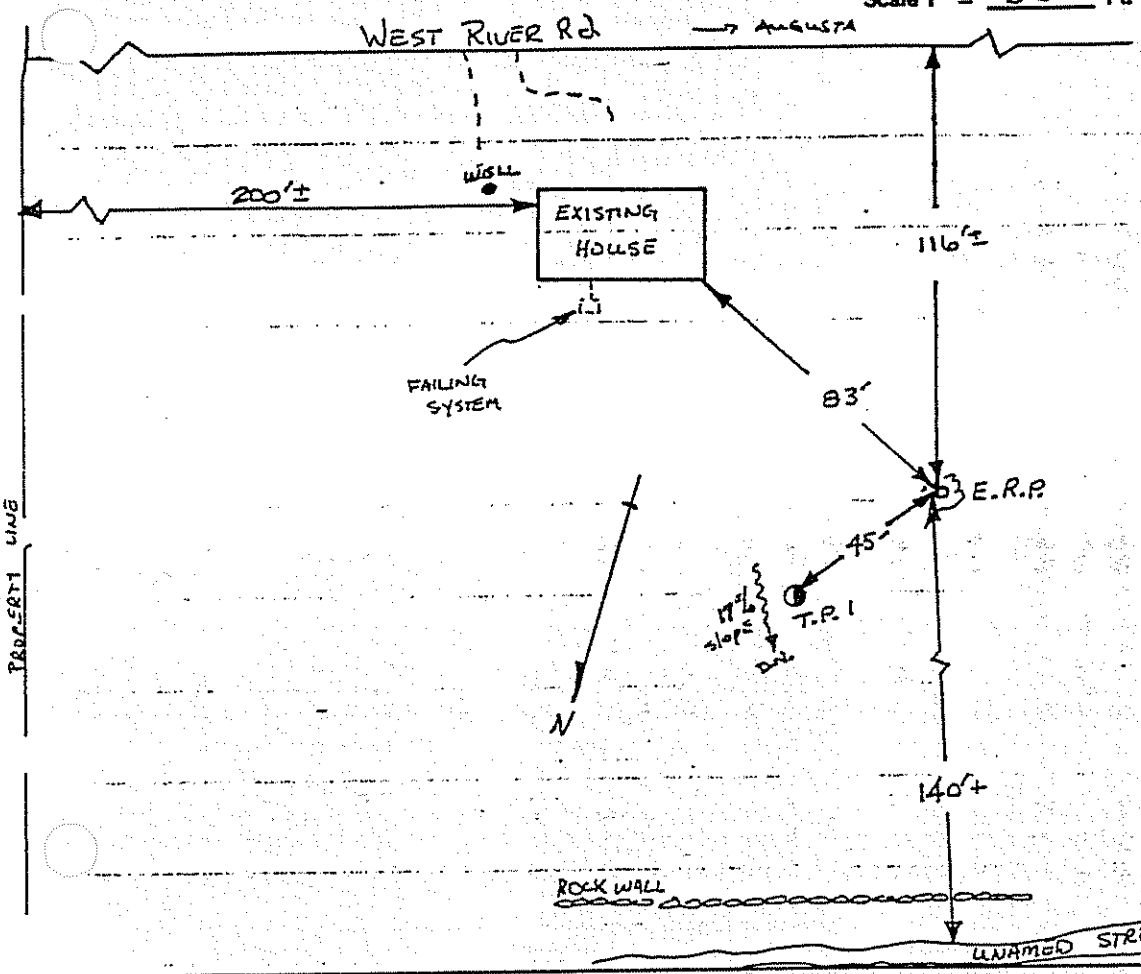
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: Rt#3 - BOX 20 - WEST RIVER ROAD

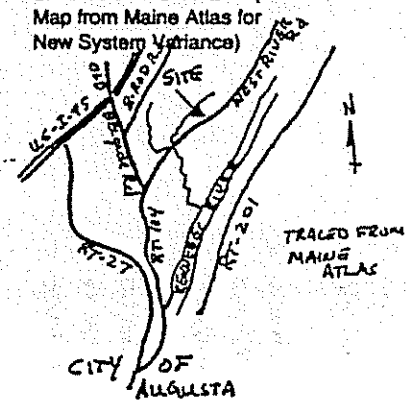
Owners Name: TRASK, ELIZABETH

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 T.P. 1 ☑ Test Pit ☐ Boring

0 - 1" Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (Inches)	Texture	Consistency	Color	Mottling
0			BROWN	
6	SANDY LOAM	FRIABLE	RED BROWN	NONE
10			YELLOW-BROWN	
15			YELLOW	FEW COMMON
20	SILT LOAM	FIRM	olive to GRAY WITH DEPTH	
30				
40				
50				

Soil	Classification	Slope	Limiting Factor	
7 (Profile)	C (Condition)	17 %	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				
6				
10				
15				
20				
30				
40				
50				

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

Arthur W. Duth
Site Evaluator Signature

274
SE#

5-25-90
Date

HHE-200 Rev.1/84

Department of Human Services
Division of Health Engineering

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

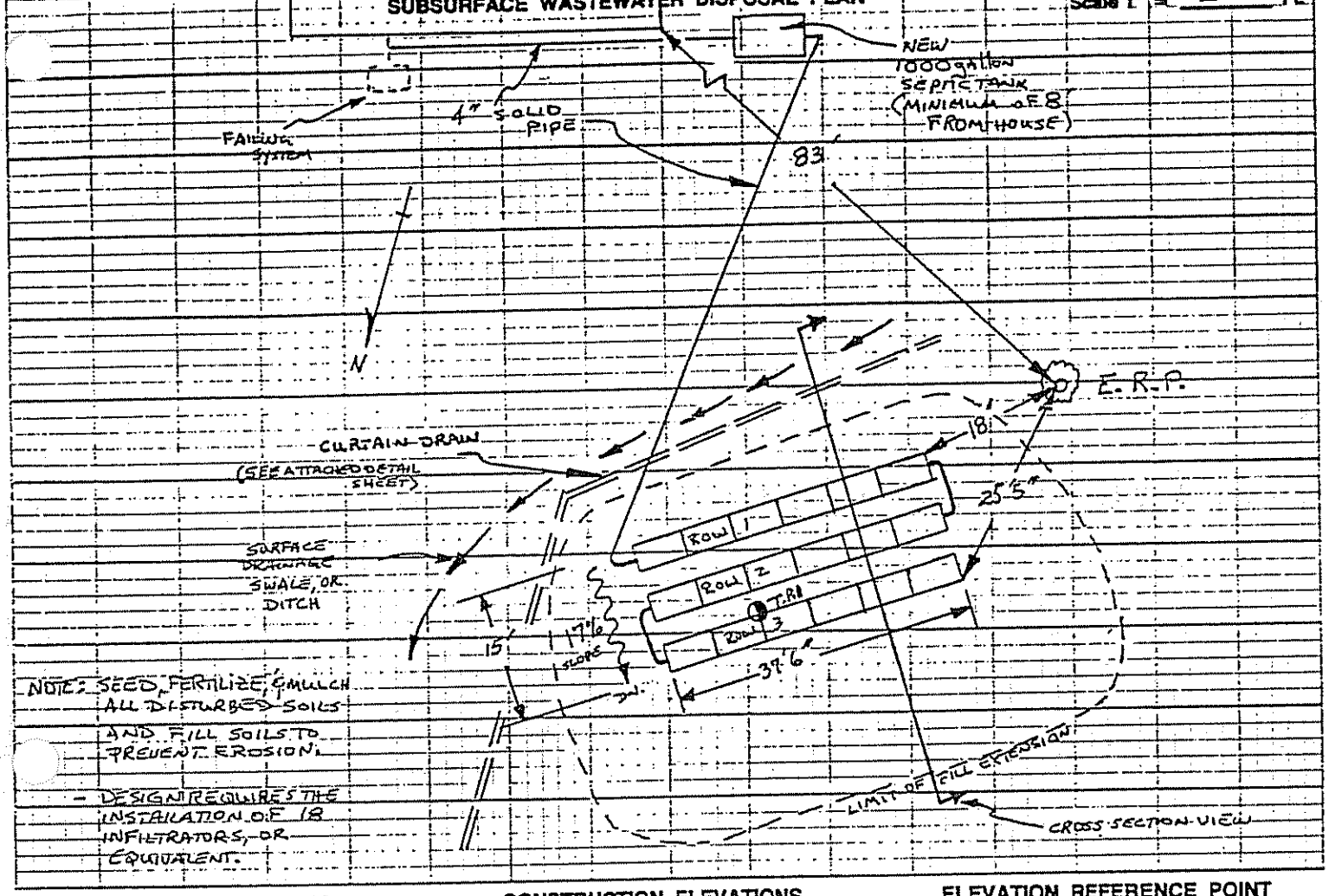
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: R1#3-BOX 20-WEST RIVER ROAD

Owners Name: TRASK, ELIZABETH

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL



FILL REQUIREMENTS

Depth of Fill (Upslope): 20'

Depth of Fill (Downslope): 30'

CONSTRUCTION ELEVATIONS

Reference Elevation is: SEE ATTACHED Y-SECTION

Bottom of Disposal Area: ____

Top of Distribution Lines or Chambers: ____

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

NAIL IN 14" DOUBLE RED MAPLE TREE SOUTHWEST OF SYSTEM

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = ____ FL

Horizontal: 1 inch = ____ FL

SEE ATTACHED CROSS SECTIONAL PLAN

Site Evaluator Signature: [signature]

SE#: 274

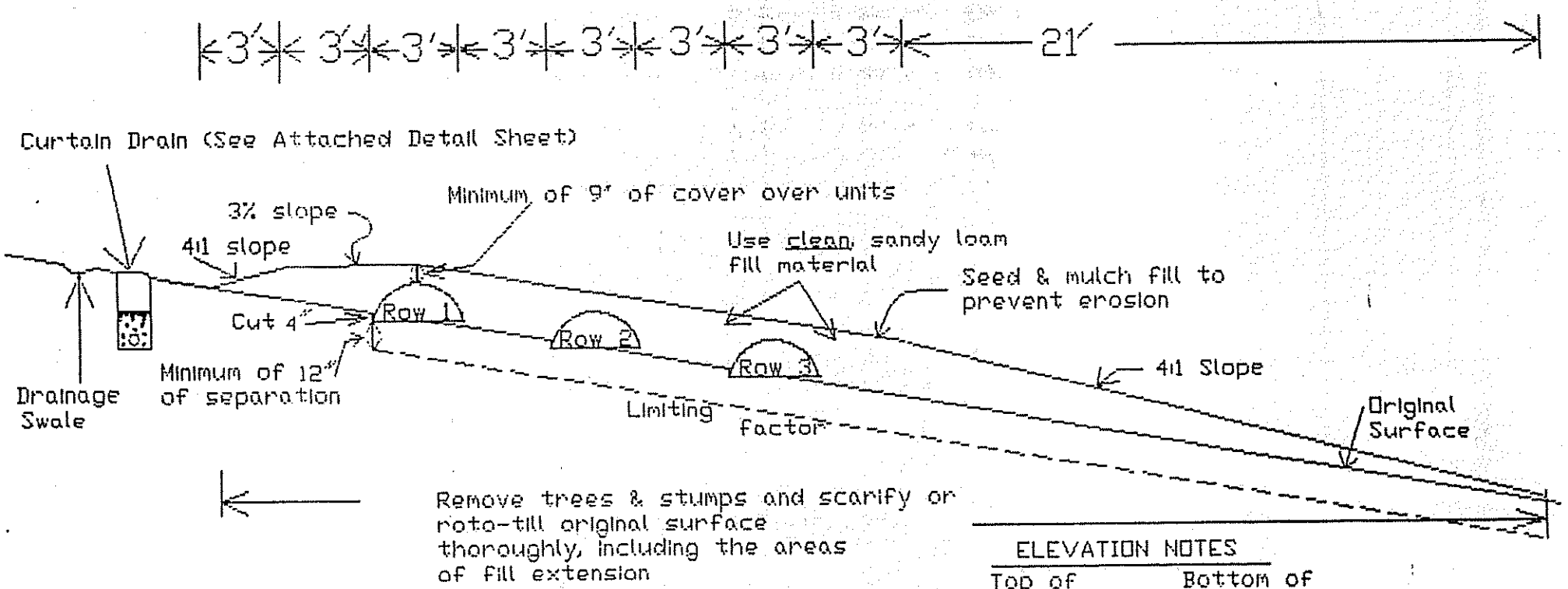
Date: 5-25-90

HHE-200 Rev. 1/84

Augusta - Rt#3 - Box 20 - West River Rd.
Trask, Elizabeth

ATTACHMENT TO FORM HHE-200

DISPOSAL AREA CROSS SECTION



SCALE:

Vertical: 1 inch = 5 feet
Horizontal: 1 inch = 5 feet

ELEVATION NOTES

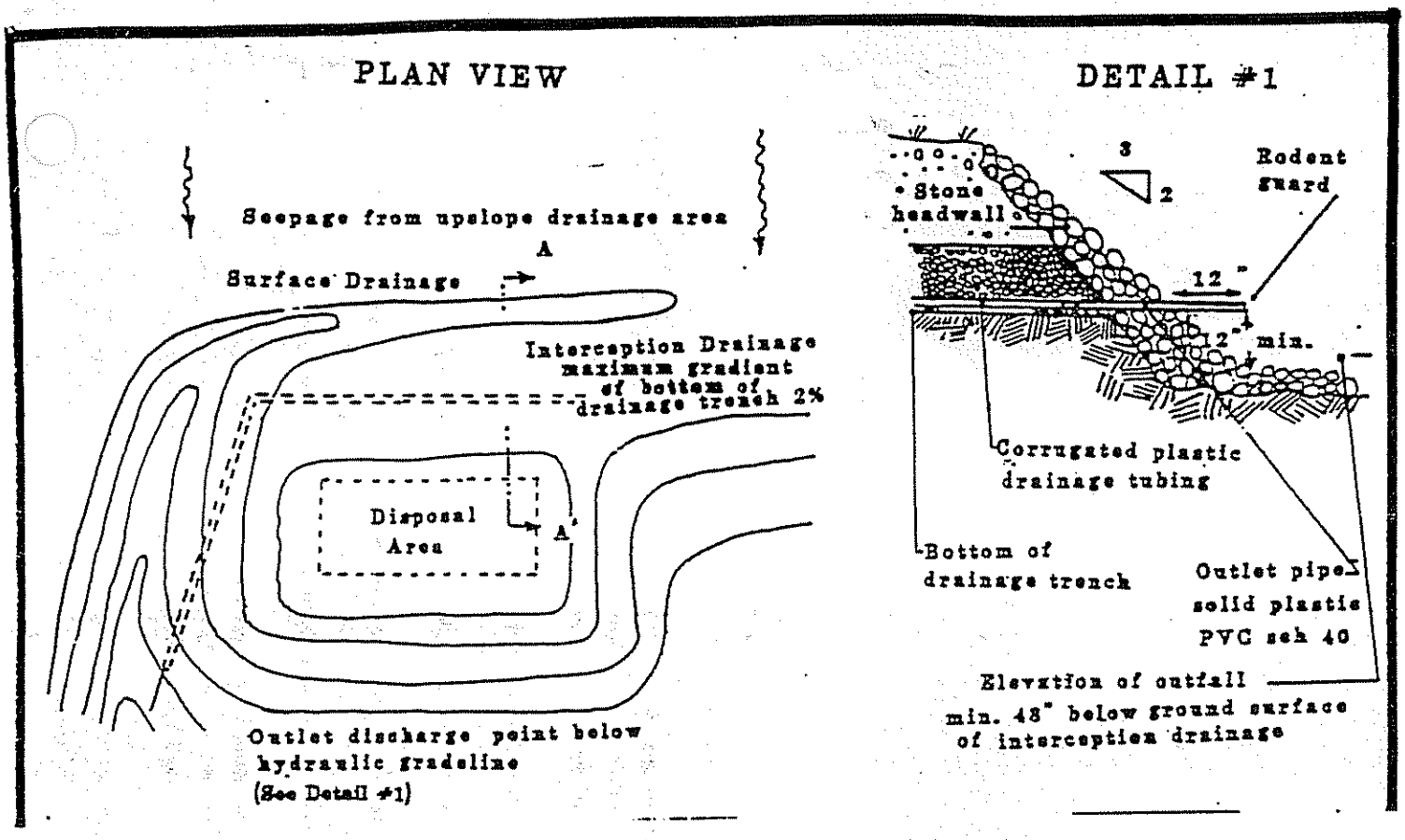
	Top of Infiltrators	Bottom of Infiltrators
ROW 1	- 28	- 43
ROW 2	- 40	- 55
ROW 3	- 52	- 67

Reference Elevation = 0'

Arthur W. Dutton 274 DATE: 5-25-90

Arthur W. Dutton L.S.E. # 274

Augusta - Rt#3-Box 20-WEST RIVER RD.
TRASK, ELIZABETH



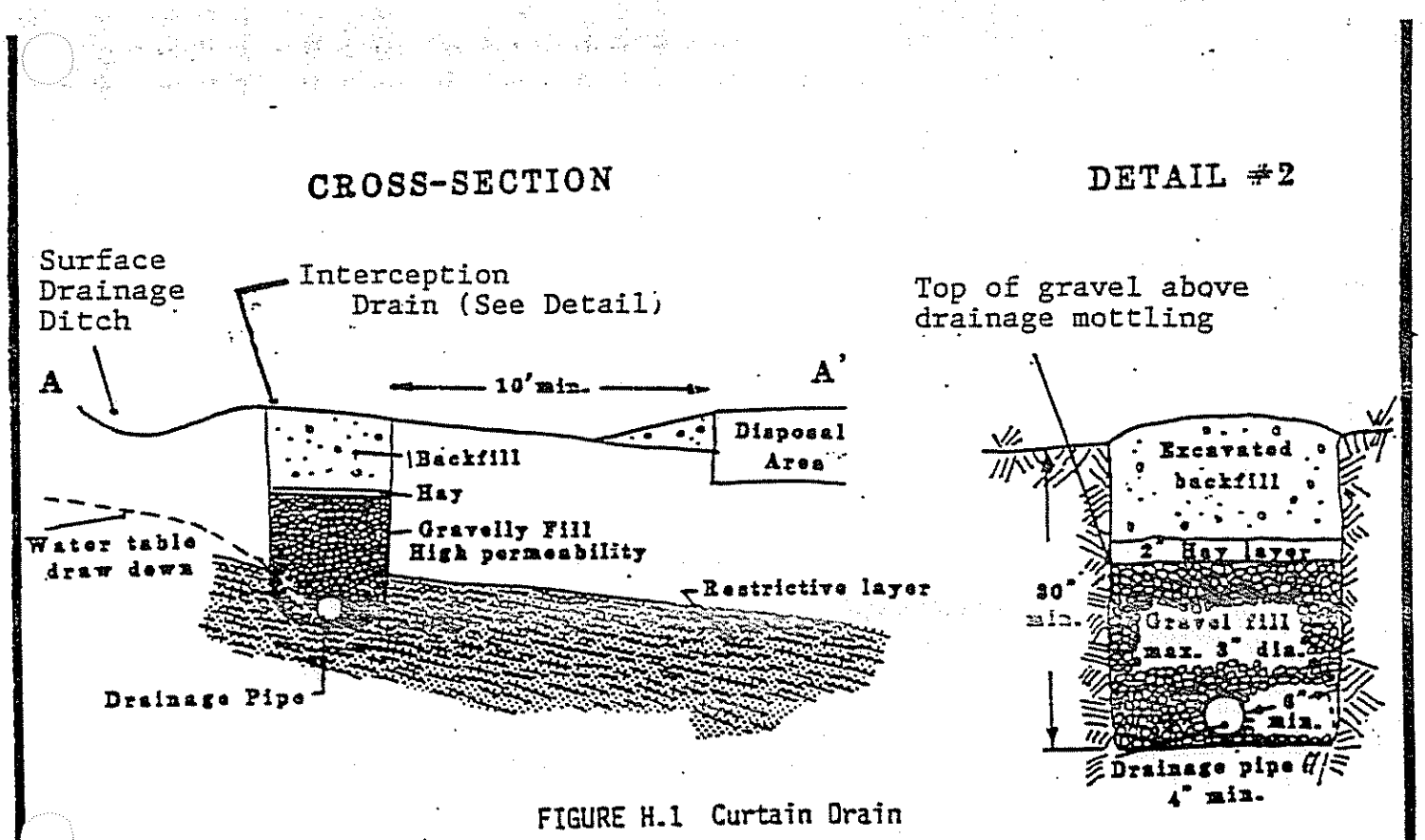


FIGURE H.1 Curtain Drain

Acct(w) with L.S.E #274 - 5-25-90

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