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 #	Eight Rod Rd

PROPERTY OWNERS NAME

Last: Laliberty First: Noel

Applicant Name:	Scott Laliberty
Mailing Address of ~~Owner~~/Applicant (If Different)	P.O. Box 46 Coopers Mills 04341

AUGUSTA 2035 TOWN COPY

Caution: Permit Required

Date Permit Issued: 11 58 90 $ 40.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 1808

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.

3-15-91

Local Plumbing Inspector Signature Date Approved

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	ZONING
18 acres	Rural

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
Proposed Drilled

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: 60 GALS.

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

DESIGN FLOW: 270 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
9	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 _____ Sq. Ft.
2. ☒ CHAMBER 675 Sq. Ft.
   ☐ REGULAR ☐ H-20 Infilt
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

On 11/10/90 (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 201 SE# 11/10/90 Date

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

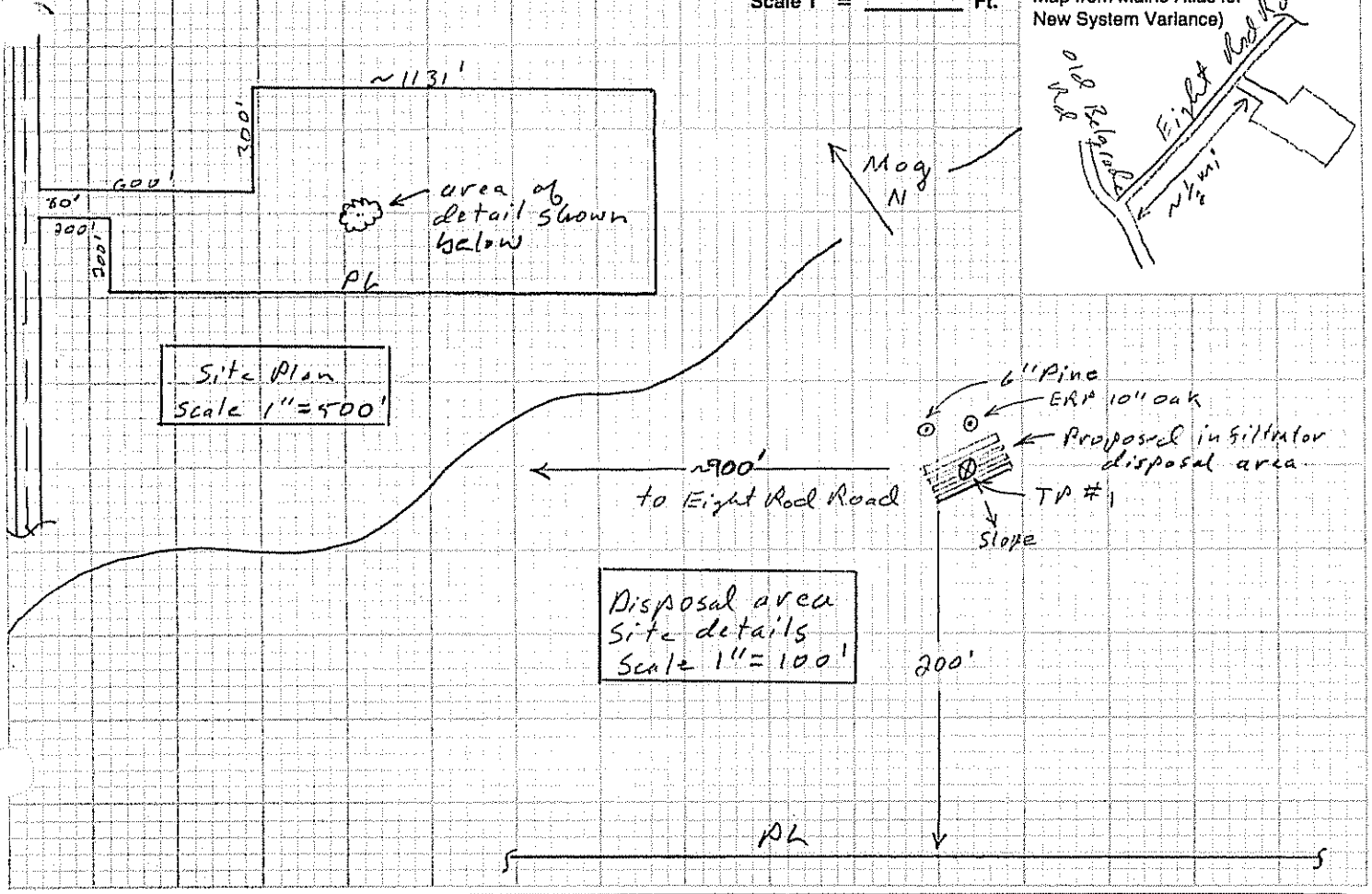
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Eight Rod Rd	Noel Laliberty

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 TP #1 ☒ Test Pit ☐ Boring

2" Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (Inches)	Texture	Consistency	Color	Mottling
0–6			med Br	
6–15	Silt loam	Loose	lt Yl Br	
15–20			lt Br	Faint Common
20–30	Silt clay loam	Firm	Grey	

Soil	Classification	Slope	Limiting Factor	
9 (Profile)	10 (Condition)	~11 %	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
0–50				

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

Hanson Bigham
Site Evaluator Signature

201
SE#

11/14/90
Date

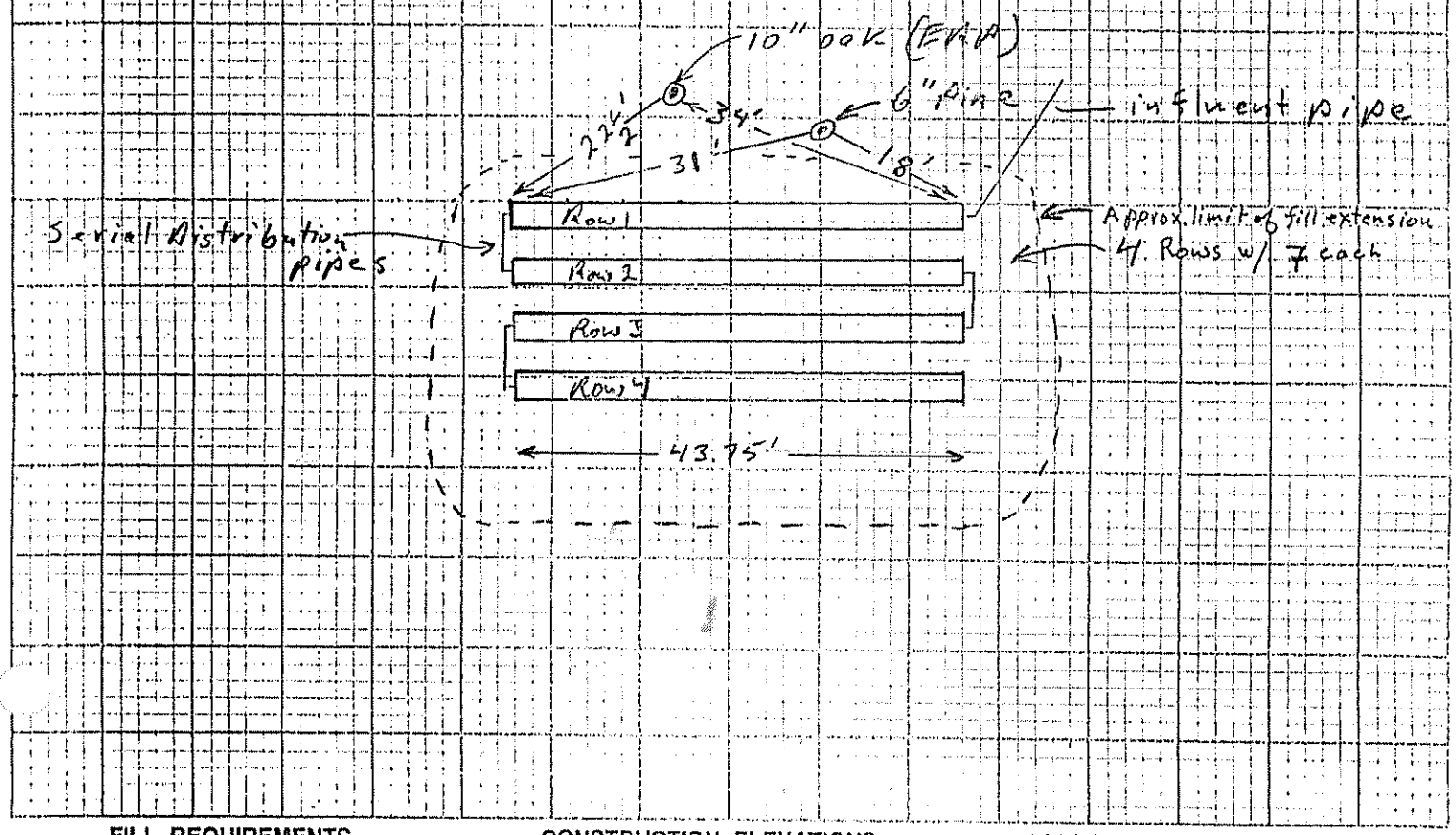
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Eight Rod Rd	Noel Laliberty

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 12"

Depth of Fill (Downslope) 20"

CONSTRUCTION ELEVATIONS

Reference Elevation is 0'00"

Bottom of Disposal Area See below

~~Top of Distribution Lines or Chambers~~

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

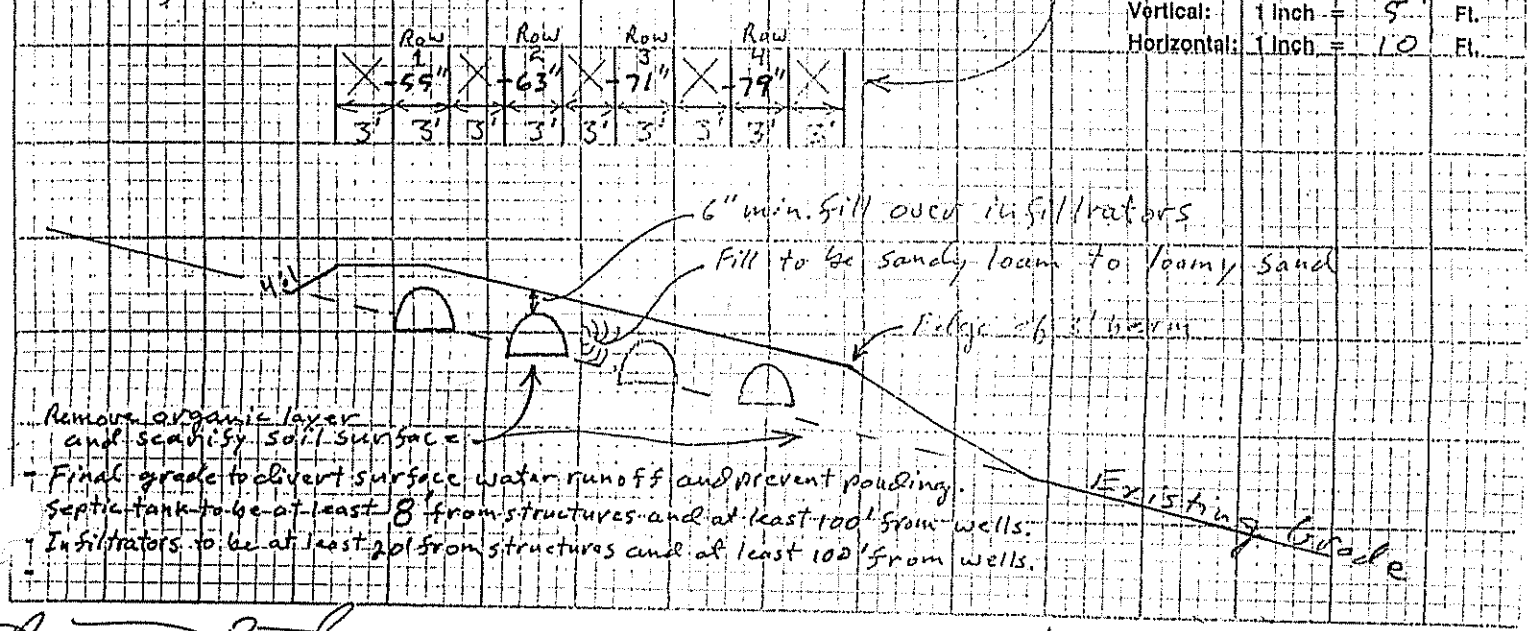
ERP is red flagged nail in 10" oak shown above

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5' Ft.

Horizontal: 1 inch = 10 Ft.



Site Evaluator Signature

201
SE#

11/14/90
Date

HHE-200 Rev. 1/84