M6 L24C

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

...rtment of Human Services
...sion of Health Engineering
(207)289-3826

## PROPERTY ADDRESS

| | |
|---|---|
| Town Or Plantation | AUGUSTA |
| Street Section Lot # | EIGHT ROD RD. |

## PROPERTY OWNERS NAME

Last: LALIBERTY First: NOEL

| | |
|---|---|
| Applicant Name: | SAME |
| Mailing Address of Owner/Applicant (If Different) | R#3 BOX 1200 AUGUSTA, ME. 04330 |

Caution: Permit Required

AUGUSTA 2671 TOWN COPY

Date Permit Issued: 05 12 93 $ 160 FEE ☐ If Double Fee Charged

L.P.I. # 850

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 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 6/12/93

## 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 |
|---|---|
| 2 ± AC. | 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**
PRIVATE

## 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.)**
4 BEDROOM

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

| PROFILE | CONDITION |
|---|---|
| 7 | C |

DEPTH TO LIMITING FACTOR: 18.

**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: _____

DESIGN FLOW: 360 G.P.D. (GALLONS/DAY)

## SITE EVALUATOR STATEMENT

4/2/93 (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# 256 Date 4/6/93

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

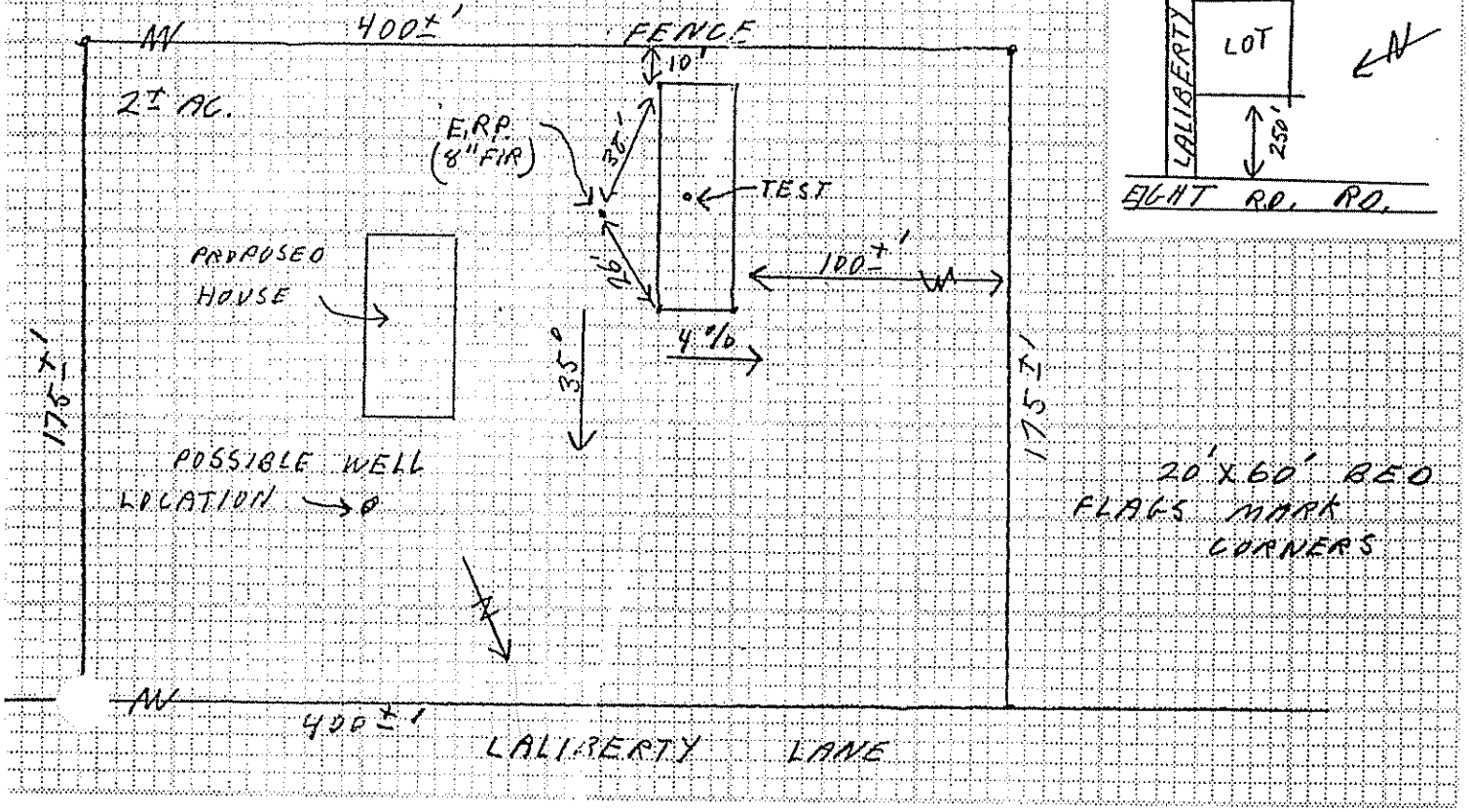
# UBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

04033240

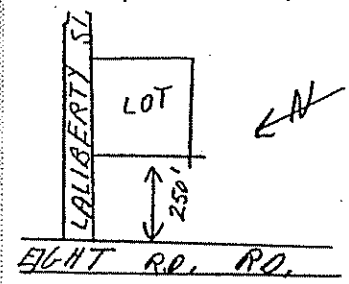
| Town, City, Plantation | Street, Road, Subdivision | Owner's Name |
|---|---|---|
| Augusta | Eight Rod Road | LaLiberte, Noel |

## SITE PLAN

Scale: 1" = 50 Ft. or as shown




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

2± " Depth of Organic Horizon Above Mineral Soil

| Inches | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0 | SANDY LOAM | FRIABLE | DARK BR | NONE |
| 6 | | | | |
| 10 | LOAMY | | YELLOW | |
| 15 | SAND | | BR. | |
| 20 | SILTY LOAM | | GRAY | COMMON |
| | SILTY | FIRM | | DISTINCT |
| 30 | CLAY | | | |
| 40 | | | | |
| 50 | | | | |

Depth Below Mineral Surface

| Soil Classification | Slope | Limiting Factor | |
|---|---|---|---|
| Profile 6 Condition | 4 % | 18 | ☑ Ground Water ☐ Restr. Layer ☐ Bedrock |

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

| Inches | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0 | | | | |
| 6 | | | | |
| 10 | | | | |
| 15 | | | | |
| 20 | | | | |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

Depth Below Mineral Surface

| Soil Classification | Slope | Limiting Factor | |
|---|---|---|---|
| Profile Condition | % | | ☐ Ground Water ☐ Restr. Layer ☐ Bedrock |

[signature]
Site Evaluator Signature

256
SE#

4/02/93
Date

Approved for use as HHE 200 by Division of Health Engineering 9/87

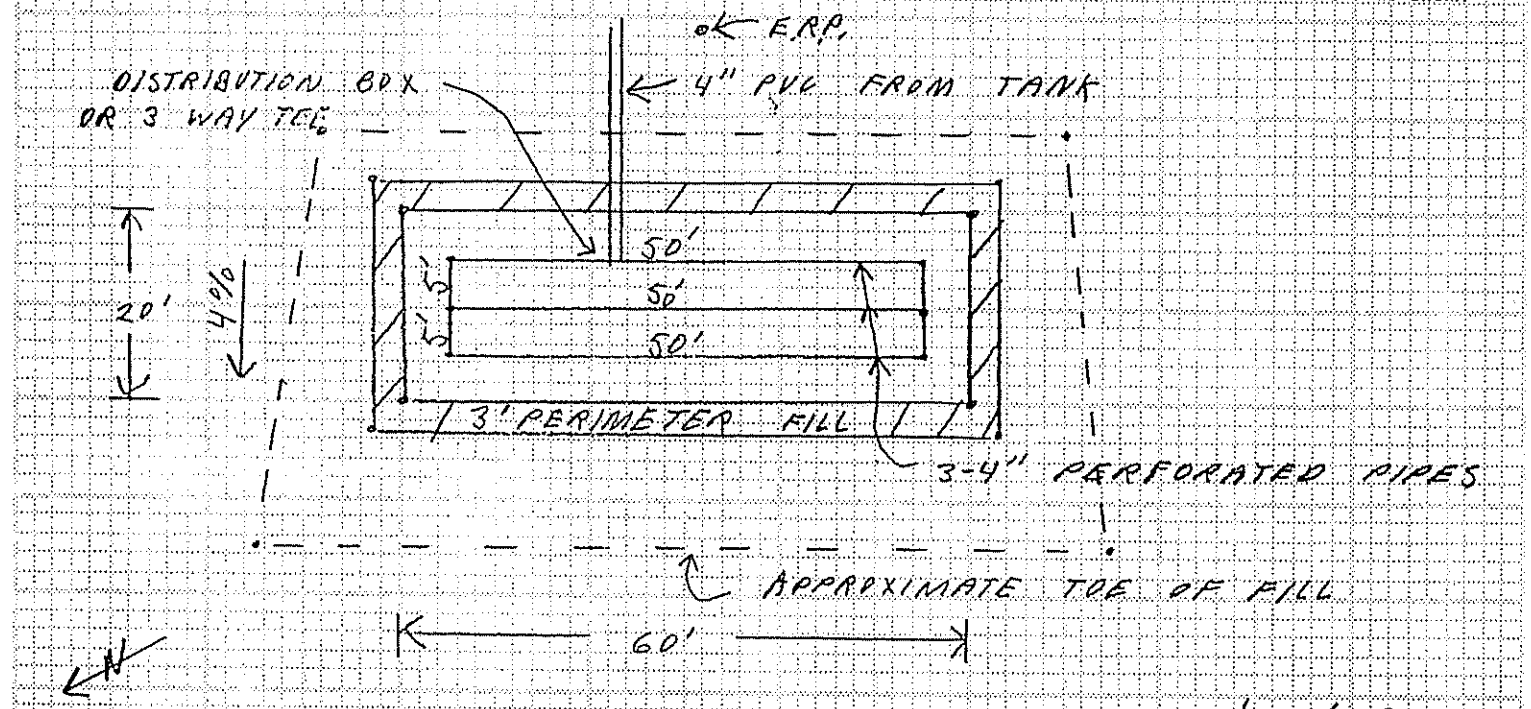
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

04033240

| Town, City, Plantation | Street, Road, Subdivision | Owner's Name |
|---|---|---|
| Augusta | Eight Rod Road | LaLiberte, Noel |

SUBSURFACE WASTEWATER DISPOSAL PLAN

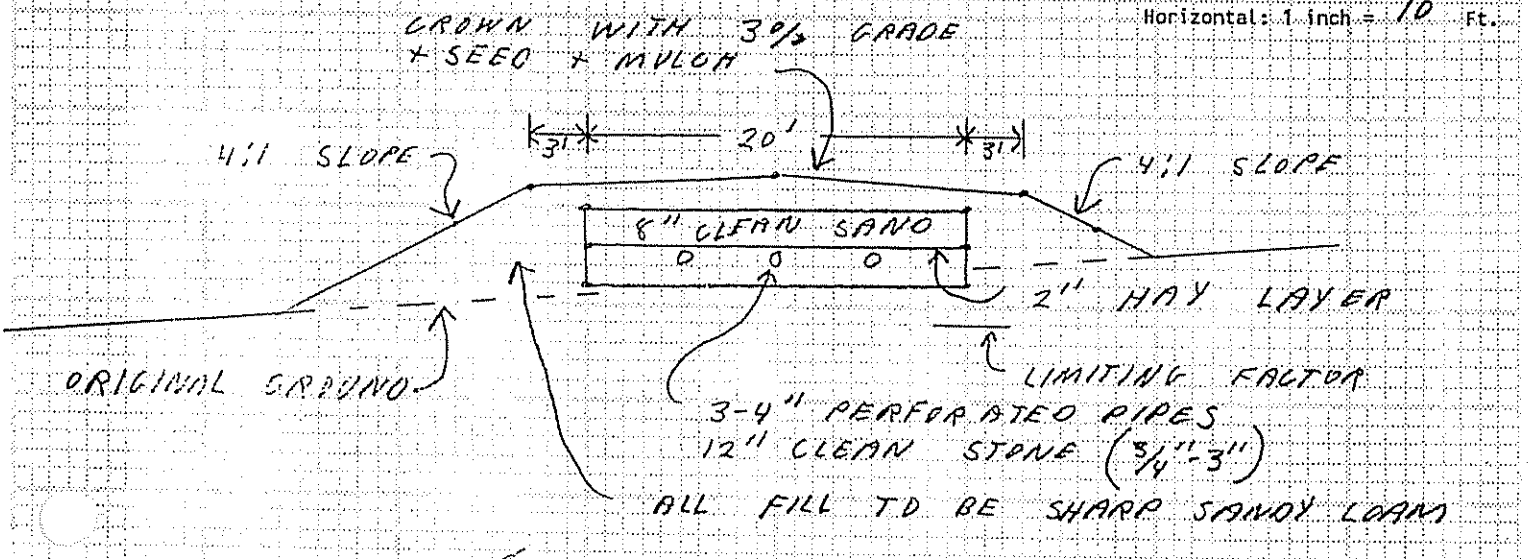
Scale: 1" = 20 Ft. or as shown




| FILL REQUIREMENTS | | CONSTRUCTION ELEVATION | ELEVATION REFERENCE POINT |
|---|---|---|---|
| Depth of Fill (Upslope) | 18" | Reference Elevation is | 0" |
| Depth of Fill (Downslope) | 28" | Bottom of Disposal Area | -63" E.R.P. IN 8" PIR 12' EAST |
| | | Top of Distribution Lines or Chambers | -52" OF SYSTEM, 2' ABOVE GROUND |

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.




Site Evaluator Signature

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