Map 6 Lot 24

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

AUGUSTA 3843 TOWN COPY

Date Permit Issued: 12/17/97 $ 100.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 204

**PROPERTY LOCATION**

Town or Location: AUGUSTA

Street Subdivision Lot •: West RIVER RD.

**PROPERTY OWNER'S NAME**

Last: BILODEAU First: JEFF

Applicant's Name: SAME

Mailing Address of Owner: RR #3 BOX 77 AUGUSTA, ME. 04330

Daytime Tel. •:

Municipal Tax Map •: 6 Lot •: 54

## Owner Statement

I state that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit

Signature of Owner/Applicant — Date: 15 Dec 97

## Caution: Inspection Required

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

Local Plumbing Inspector Signature — Date Approved: 3/24/98

## PERMIT INFORMATION

**TYPE OF APPLICATION:**

1. ☑ First Time System
2. ☐ Replacement System
   Type Replaced _____
   Year Installed _____
3. ☐ Expanded System
   ☐ a. one time exempted
   ☐ b. non exempted
4. ☐ Experimental System
   ☐ Seasonal Conversion

**THIS APPLICATION REQUIRES:**

1. ☑ No Rule Variance
2. ☐ First Time System Variance
   ☐ a. Local Plumbing Inspector approval
   ☐ b. State & Local Plumbing Inspector approval
3. ☐ Replacement System Variance
   ☐ a. Local Plumbing Inspector approval
   ☐ b. State & Local Plumbing Inspector approval
4. ☐ Minimum Lot Size Variance
5. ☐ Seasonal Conversion Approval

**DISPOSAL SYSTEM COMPONENT(S)**

1. ☑ Non-Engineered System
2. ☐ Primitive System (graywater & oil toilet)
3. ☐ Alternative Toilet _____
4. ☐ Non-Engineered Treatment Tank
5. ☐ Holding Tank _____ Gallons
6. ☐ Non-Engineered Disposal Area (only)
7. ☐ Separated Laundry System
8. ☐ Engineered System (-2000 gpd)
9. ☐ Engineered Treatment Tank (only)
10. ☐ Engineered Disposal Area (only)
11. ☐ Pretreatment

**SIZE OF PROPERTY**

23 AC.

**SHORELAND ZONING**

☐ Yes ☑ No

**DISPOSAL SYSTEM TO SERVE:**

1. ☑ Single Family Dwelling Unit
2. ☐ Multiple Family Dwelling: Number of Units _____
3. ☐ Other _____

**TYPE OF WATER SUPPLY**

PRIVATE

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

**TREATMENT TANK**

1. ☑ Concrete
   ☐ a. Regular
   ☐ b. Low Profile
2. ☐ Plastic
3. ☐ Other _____

SIZE 1,000 Gallons

**DISPOSAL AREA TYPE / SIZE**

1. ☑ Bed 900 Sq. Ft.
2. ☐ Proprietary Device _____ Sq. Ft.
   ☐ Cluster ☐ Linear
   ☐ Regular ☐ H-20
3. ☐ Trench
4. ☐ Other _____

**GARBAGE DISPOSAL UNIT**

1. ☑ No
2. ☐ Yes
   ☐ Multi-compartment tank
   ☐ Tank in series
   ☐ Increase in tank capacity
   ☐ Filter on tank outlet

**CRITERIA USED FOR DESIGN FLOW (Show Calculations)**

3 BEDROOM

DESIGN FLOW: 270 G.P.D. (Gallons/Day)

**PROFILE & DESIGN CLASS**

| PROFILE | DESIGN |
|---|---|
| 7 | C |

DEPTH TO MOST LIMITING FACTOR 16"

**DISPOSAL AREA SIZING**

1. ☐ Small - 2.00
2. ☐ Medium - 2.60
3. ☑ Medium-Large - 3.30
4. ☐ Large - 4.10
5. ☐ Extra-Large - 5.20

**PUMPING**

1. ☑ Not required
2. ☐ May be required
3. ☐ Required

DOSE _____ Gallons

## SITE EVALUATOR'S STATEMENT

On 10/30/97 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed sytem is in compliance with the Subsurface Wastewater Disposal Rules.

Site Evaluator Signature — SE •: 256 — Date: 11/1/97

Site Evaluator Name Printed: JOHN PHILBRICK — Telephone: 547-3732

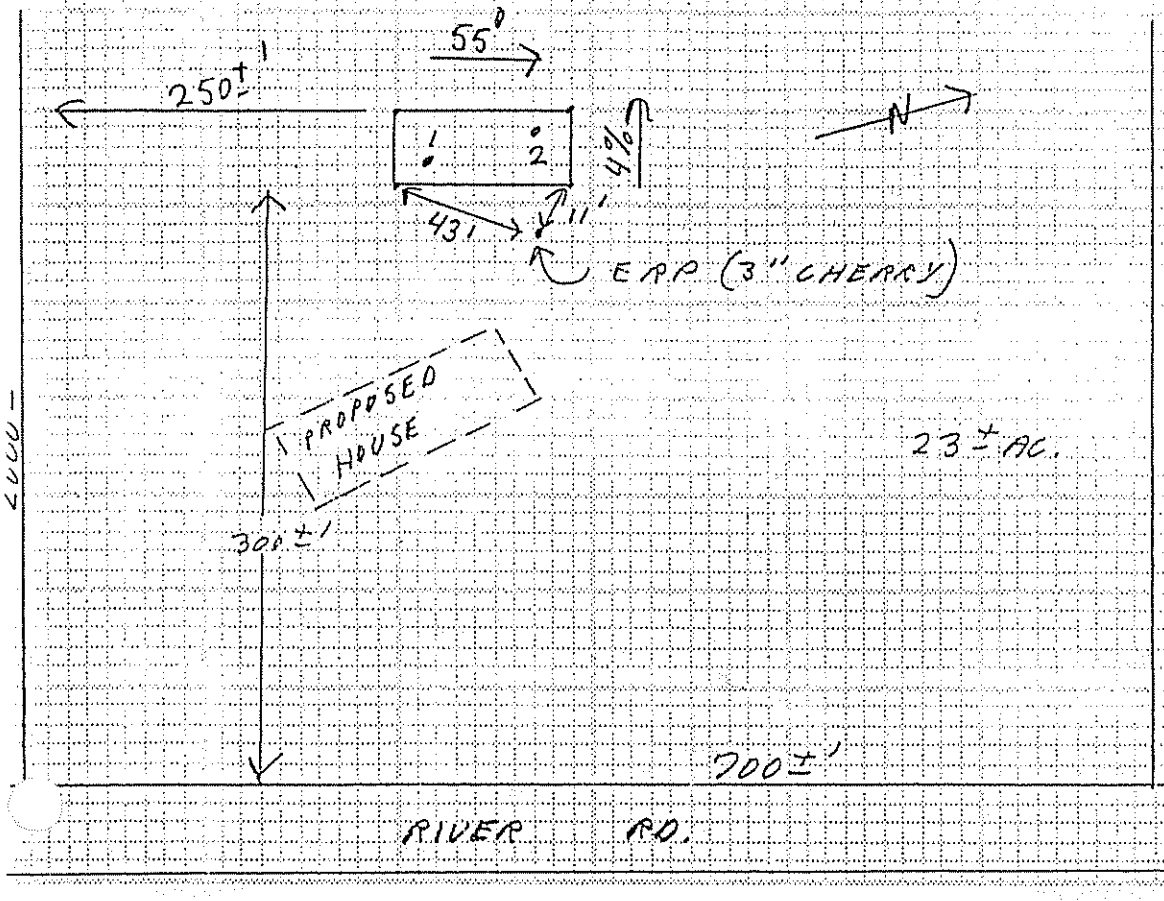
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

11027835

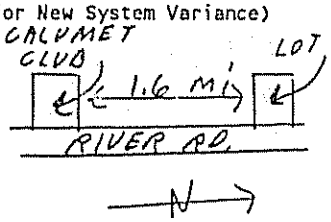
| Town, City, Plantation | Street, Road, Subdivision | Owner's Name |
|---|---|---|
| AUGUSTA | RIVER RD. | JEFF BILODEAU |

## SITE PLAN

Scale: 1" = 50 Ft. or as shown




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




20' x 45' BEO FLAGS MARK CORNERS

## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 ☑ Test Pit ☐ Boring

0" Depth of Organic Horizon Above Mineral Soil

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

| Soil Classification | | Slope | Limiting Factor | |
|---|---|---|---|---|
| 7 Profile | C Condition | 4 % | 16" | ☑ Ground Water ☑ Restr. Layer ☐ Bedrock |

Observation Hole 2 ☑ Test Pit ☐ Boring

0" Depth of Organic Horizon Above Mineral Soil

| Inches | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0 | | | | |
| 6 | | | | |
| 10 | | | | |
| 15 | | | | |
| 20 | | | | |
| 30 | | SAME | AS #1 | |
| 40 | | | | |
| 50 | | | | |

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

Site Evaluator Signature

SE# 256

Date 11/1/97

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

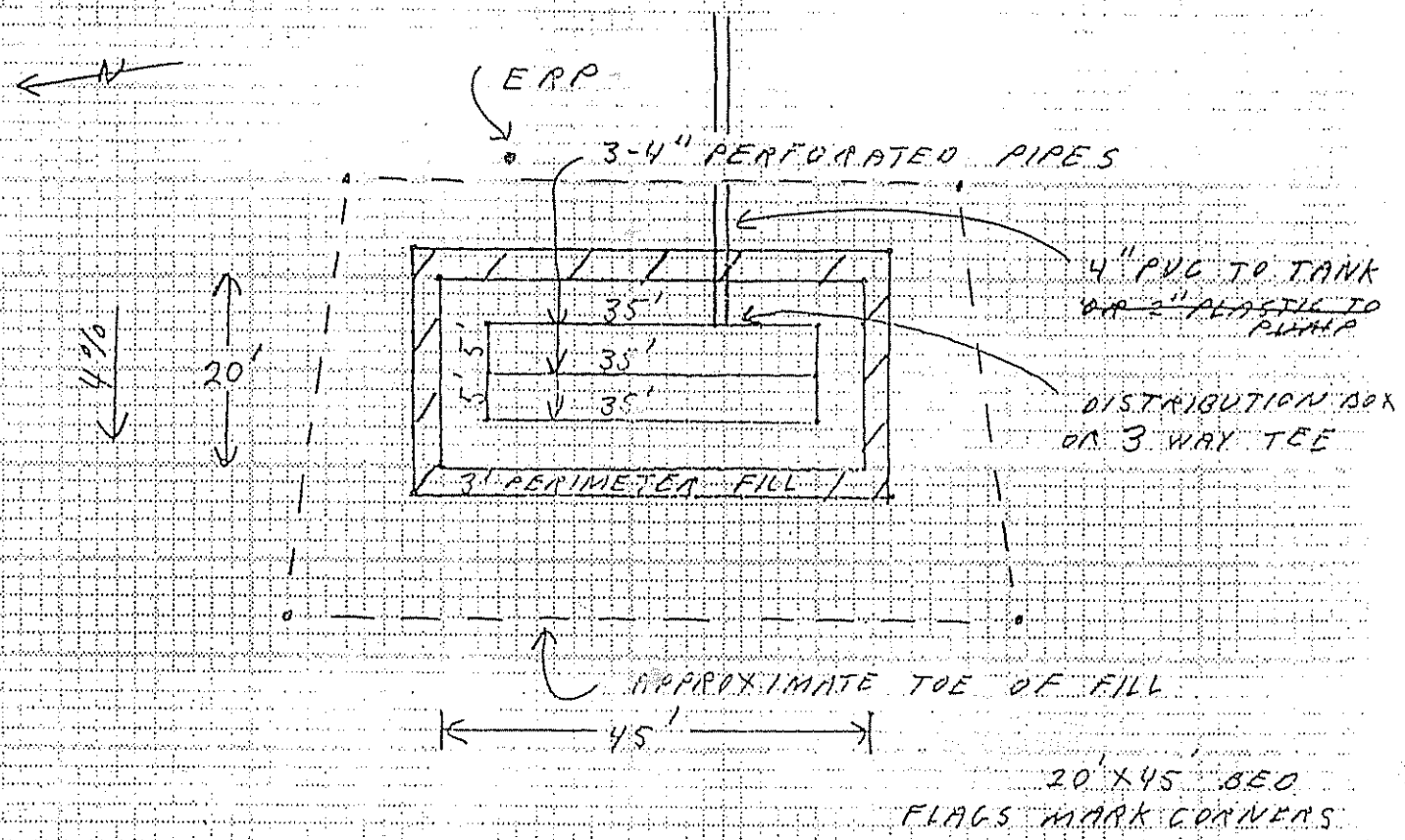
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08246445

| Town, City, Plantation | Street, Road, Subdivision | Owner's Name |
|---|---|---|
| AUGUSTA | RIVER RD. | JEFF BILODEAU |

SUBSURFACE WASTEWATER DISPOSAL PLAN

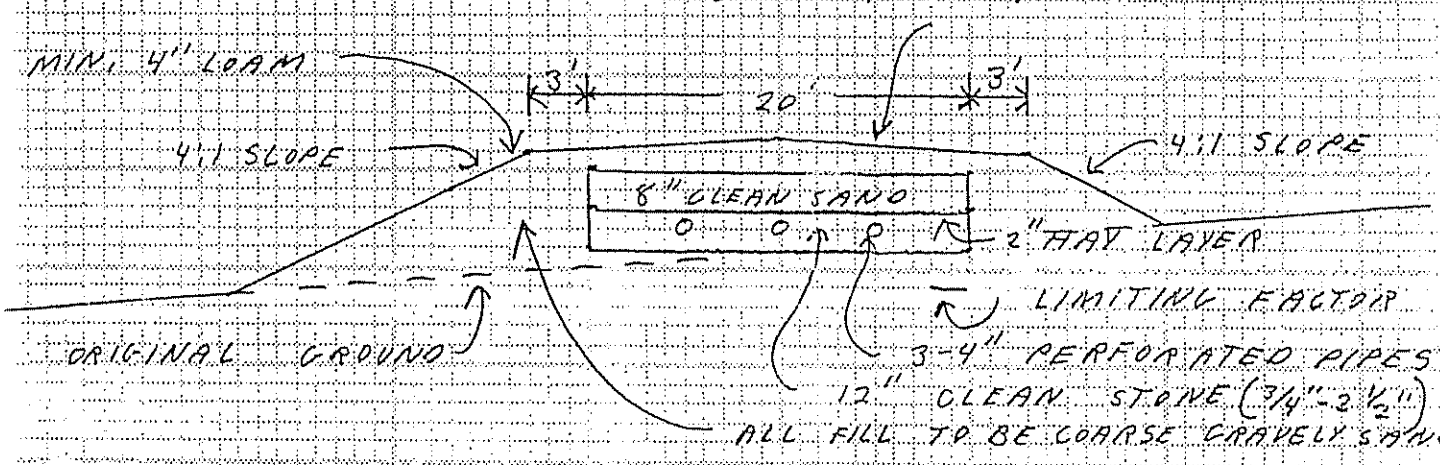
Scale: 1" = 20 Ft. or as shown




| FILL REQUIREMENTS | CONSTRUCTION ELEVATION | ELEVATION REFERENCE POINT |
|---|---|---|
| Depth of Fill (Upslope) | 20" Reference Elevation is | 0" |
| Depth of Fill (Downslope) | 28" Bottom of Disposal Area | -58" E.R.P. IN 3" CHERRY 43" |
| | Top of Distribution Lines or Chambers | -47" ABOVE GROUND, 11' EAST OF SYSTEM |

DISPOSAL AREA CROSS SECTION

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




Site Evaluator Signature

256
SE#

11/1/97
Date

Approved for use
HHE 200 by Divis
Health Enginee