Revised

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

6 89

AUGUSTA PERMIT # 1,343 TOWN COPY

Date Permit Issued 6/13/89 $ 40.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 818

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Subdivision Lot #	Kenneth Street

PROPERTY OWNERS NAME

Last: Dawicki First: Frank

Applicant Name:	Same
Mailing Address of Owner/Applicant (If Different)	Parkwood Drive Augusta, ME 04330

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.

Henrietta Dawicki
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 — 12-11-88 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: Approx. 22,000 ☐
ZONING: Residential

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
well to be drilled

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: Min. of 100 GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)
3 bedroom home
Minimum to moderate flow

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
8	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 600 Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☒ OTHER: Infiltrators

DESIGN FLOW: 300 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On Nov. 25, 1987 (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.

Kenneth G Stratton — Site Evaluator Signature
157 — SE#
6/8/88 — Date

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

Revised

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

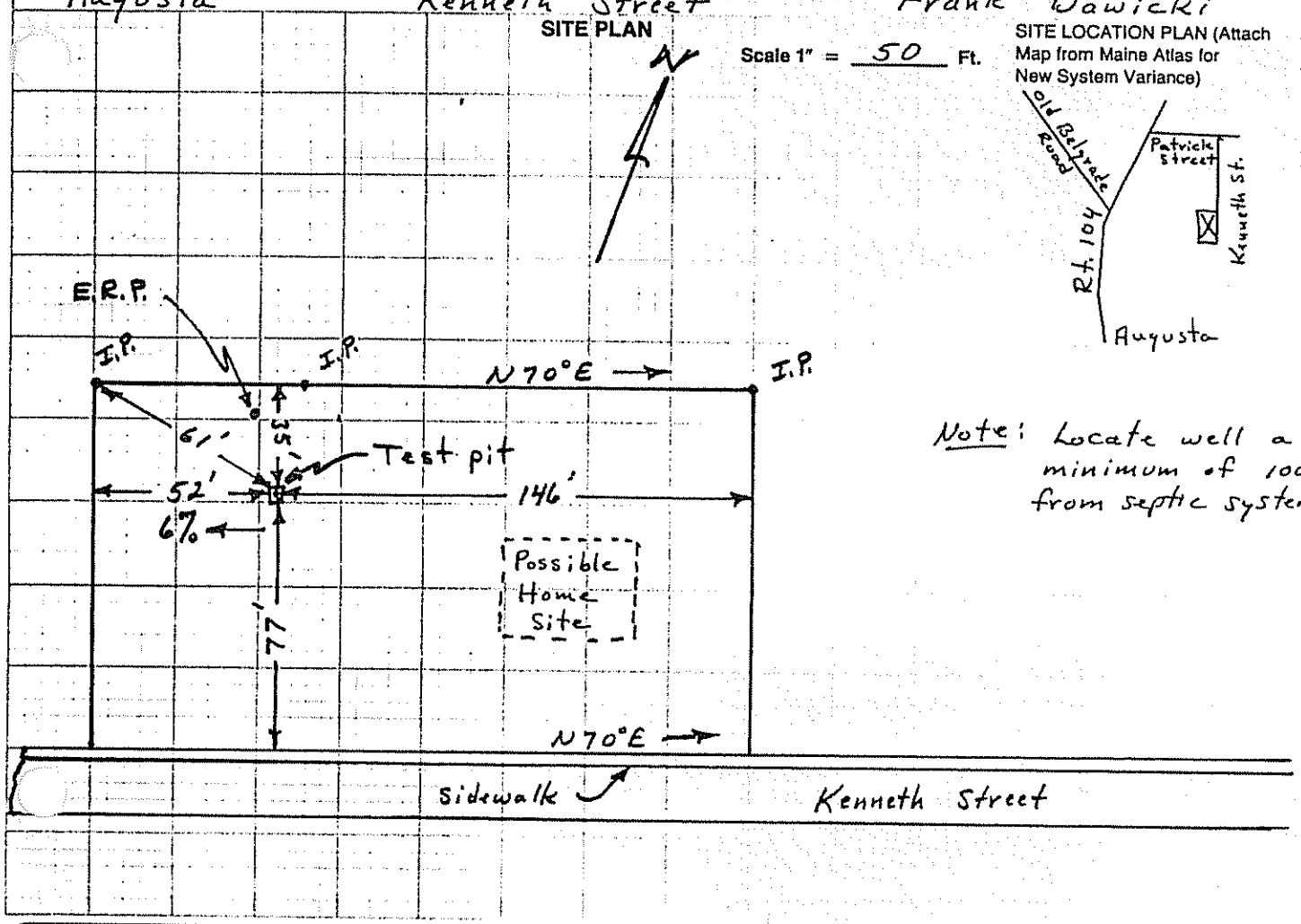
Town, City, Plantation: Augusta

Street, Road, Subdivision: Kenneth Street

Owners Name: Frank Dawicki

SITE PLAN

Scale 1" = 50 Ft.



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

Note: Locate well a minimum of 100' from septic system

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole #1 ☒ Test Pit ☒ Boring

0 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches): 0, 6, 10, 15, 20, 30, 40

Texture	Consistency	Color	Mottling
Loam	Friable	Brown	None
v. fine sandy loam	Friable	olive-brown	None
Loam	Friable	Light olive	Few, very faint
Very fine sandy loam with strata of silt loam	Firm	Olive	Common Mottles
Varying strata of silt loam and very fine sands	Firm	Dark olive	Common Mottles

Soil Profile	Classification Condition	Slope	Limiting Factor	
8	C	6 %	16"	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches): 0, 6, 10, 15, 20, 30, 40, 50

Texture	Consistency	Color	Mottling

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

Kenneth G. Strattin
Site Evaluator Signature

157
SE#

11/25/87
Date

HHE-200 Rev.1 B4

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

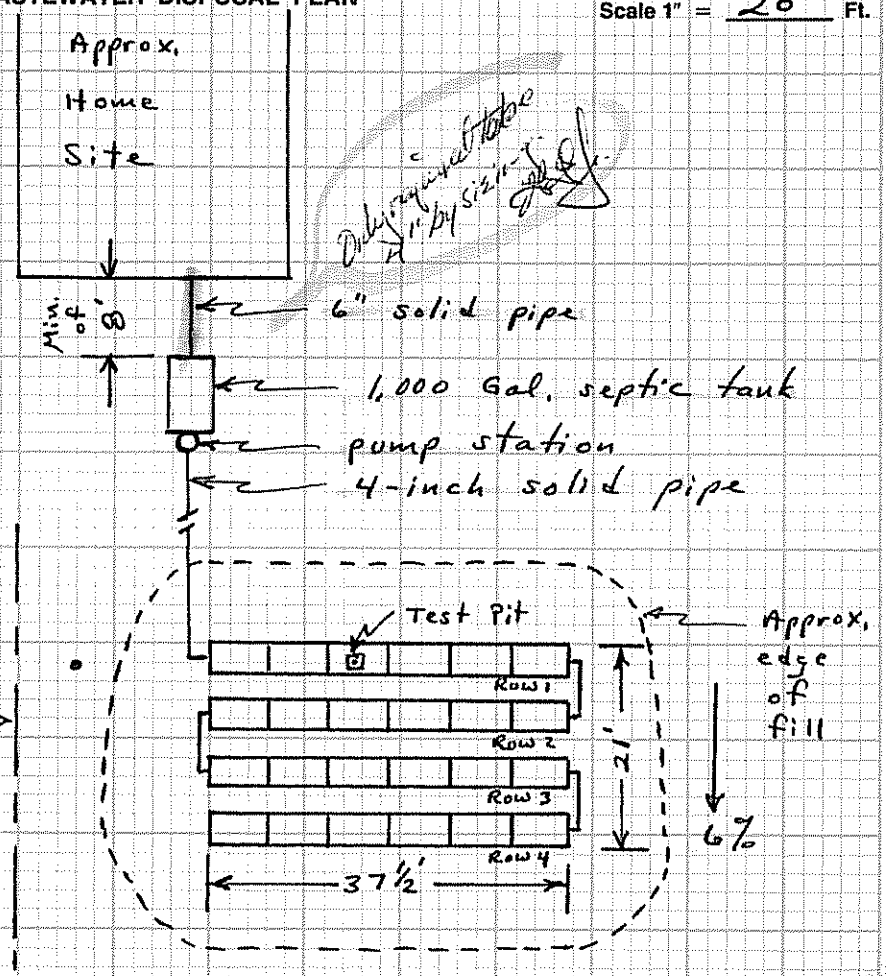
Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Kenneth Street	Frank Dawicki

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

Note: • This design requires installation of 24 Infitrator units arranged for serial distribution.

• The well should be located a minimum of 100' from the septic system.



Elevation Notes	Bottom of units	Top of Infiltrators
Row 1	-1' 11"	-0' 8"
Row 2	-2' 3"	-1' 0"
Row 3	-2' 7"	-1' 4"
Row 4	-2' 11"	-1' 8"

FILL REQUIREMENTS

Depth of Fill (Upslope) 21"

Depth of Fill (Downslope) 21"

CONSTRUCTION ELEVATIONS

Reference Elevation is 0'00"

Bottom of Disposal Area (see notes above)

Top of Distribution Lines or Chambers ____

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

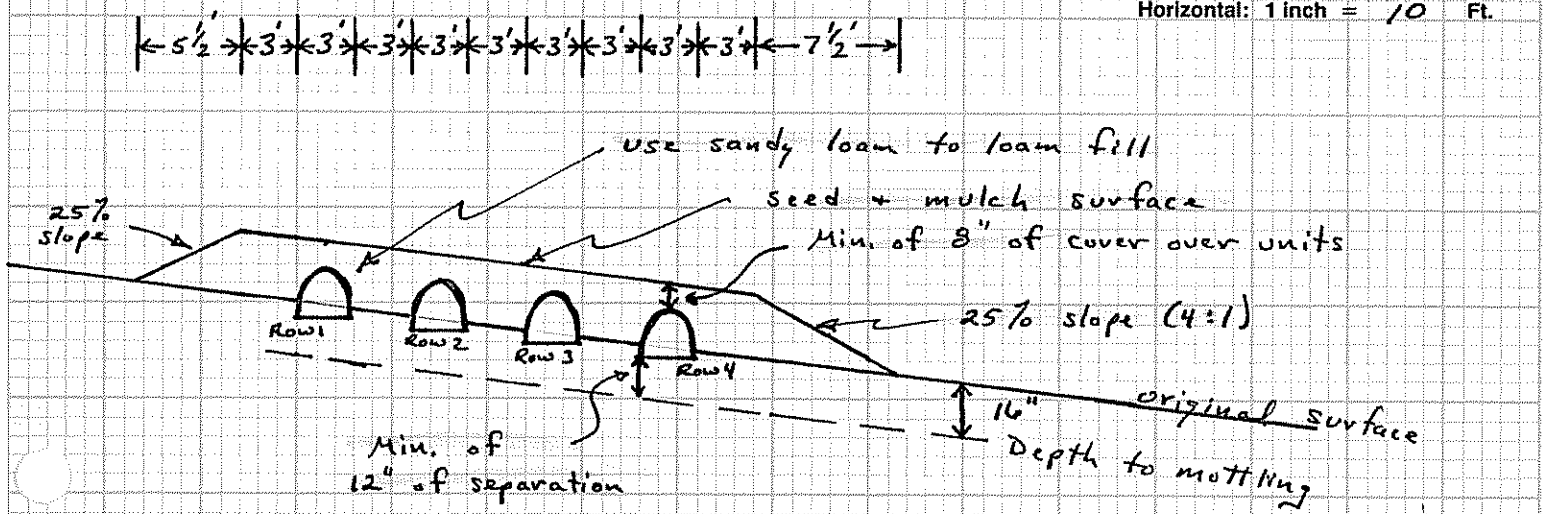
Same as in original design

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.

Horizontal: 1 inch = 10 Ft.



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Last: Dawicki First: Frank

Applicant Name:	Same
Mailing Address of Owner/Applicant (If Different)	Parkwood Drive Augusta, ME 04330

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.

Kenneth Dawicki

Signature of Owner/Applicant — Date

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SIZE OF PROPERTY	ZONING	TYPE OF WATER SUPPLY
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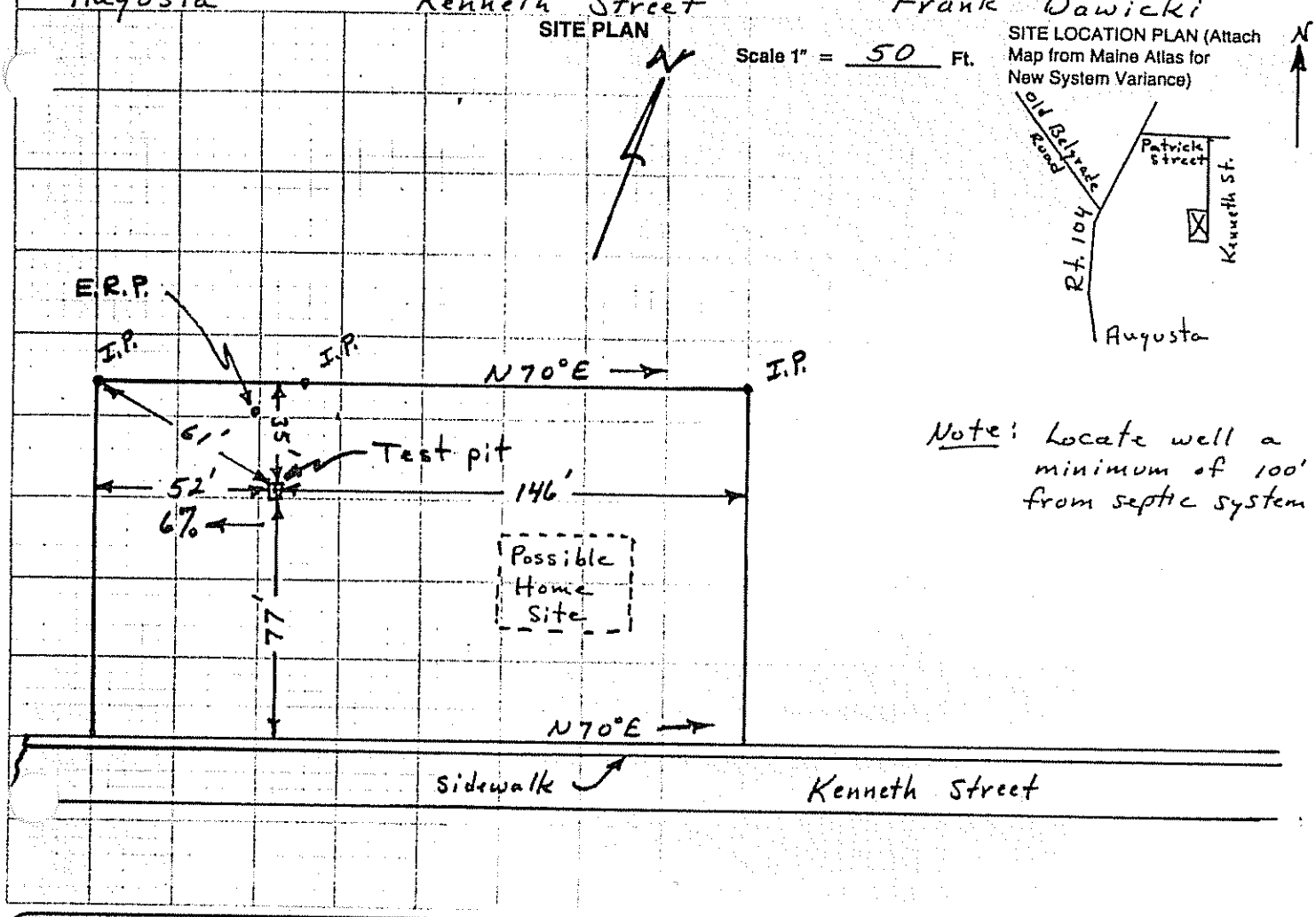

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HHE-200 Rev. 1 84

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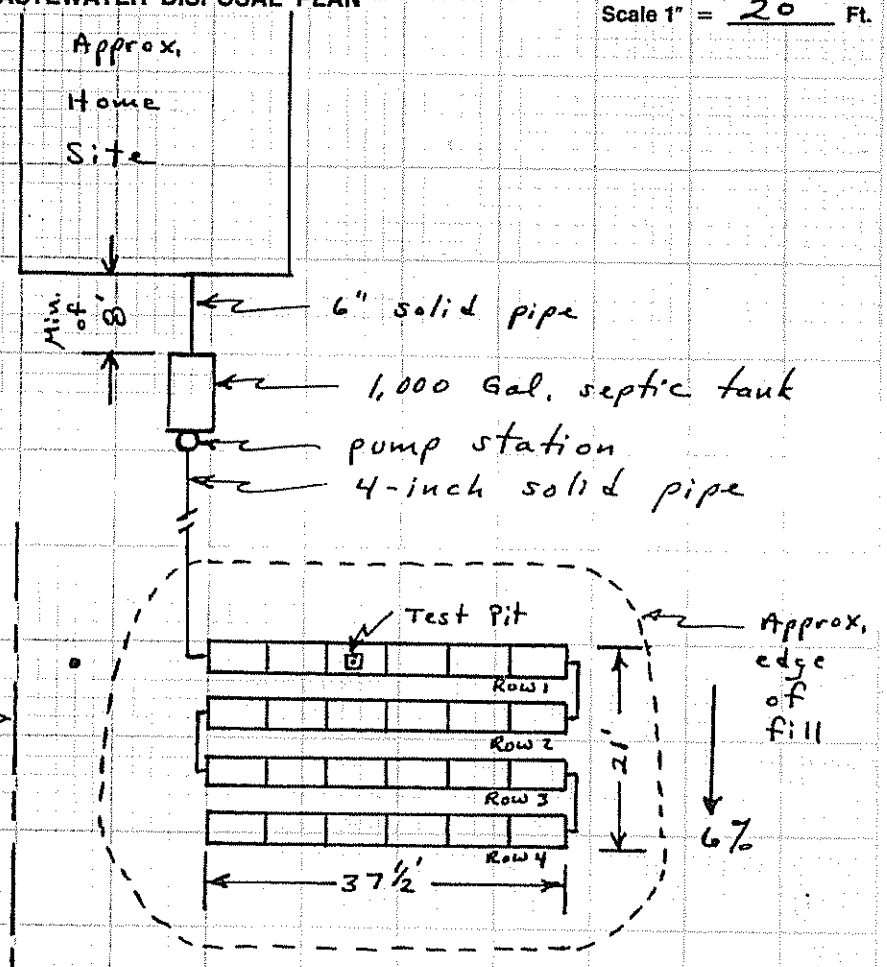

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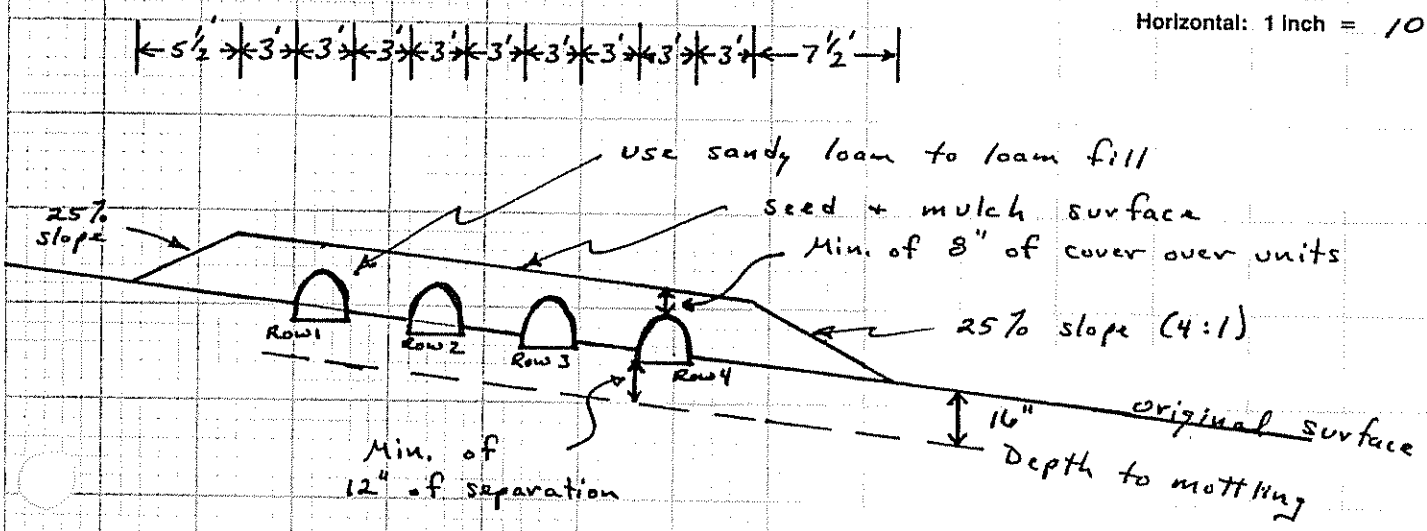

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