

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

04279907

PROPERTY ADDRESS	
Town Or Plantation	Augusta
Street	8 Rod Road
Vision Lot #	
PROPERTY OWNER'S NAME	
Last: Lagace Jr. First: Donald	
Applicant Name:	Donald Lagace Jr.
Mailing Address of Owner/Applicant (if Different)	128 State Street Augusta Me 04330

AUGUSTA CAUTION: PERMIT 1832 TOWN COPY

The Subsurface Wastewater Disposal System

Date Permit Issued: 3/21/90 at \$ 410.00 FEE Double Fee Charged

Local Plumbing Inspector Signature: Ray R. Miller L.P.I. # 18150

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.

Donald Lagace Jr.
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.

Ray R. Miller
Local Plumbing Inspector Signature Date Approved 3-29-90

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p> <p>SEASONAL CONVERSION to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____ 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p> <p>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p> <p>SIZE OF PROPERTY <u>4.2+-ac</u> ZONING _____</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input type="checkbox"/> Requires Local Plumbing Inspector Approval b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p> <p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL. 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>TYPE OF WATER SUPPLY Drilled well</p>
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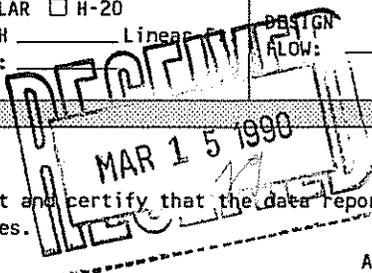
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC</p> <p>SIZE <u>1500 total</u></p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED 2. <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION & ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: <u>87</u> GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING) EMPLOYEES, WATER RECORDS, ETC.)</p> <p>2 two bedroom residential living units.</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE <u>7</u> CONDITION <u>C</u></p> <p>DEPTH TO LIMITING FACTOR: <u>16</u> "</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA-LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER <u>600</u> Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear 4. <input type="checkbox"/> OTHER: _____</p>	<p>DESIGN FLOW: <u>360</u> (GALLONS/DAY)</p>

EVALUATOR STATEMENT

On 4/27/89 (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.

William W. R...
Site Evaluator Signature SE# 51 Date 4/27/89



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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

042799

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

8 Rod Road

Lagace Jr., Donald

SITE PLAN

Scale: 1" = 50 Ft.
or as shown

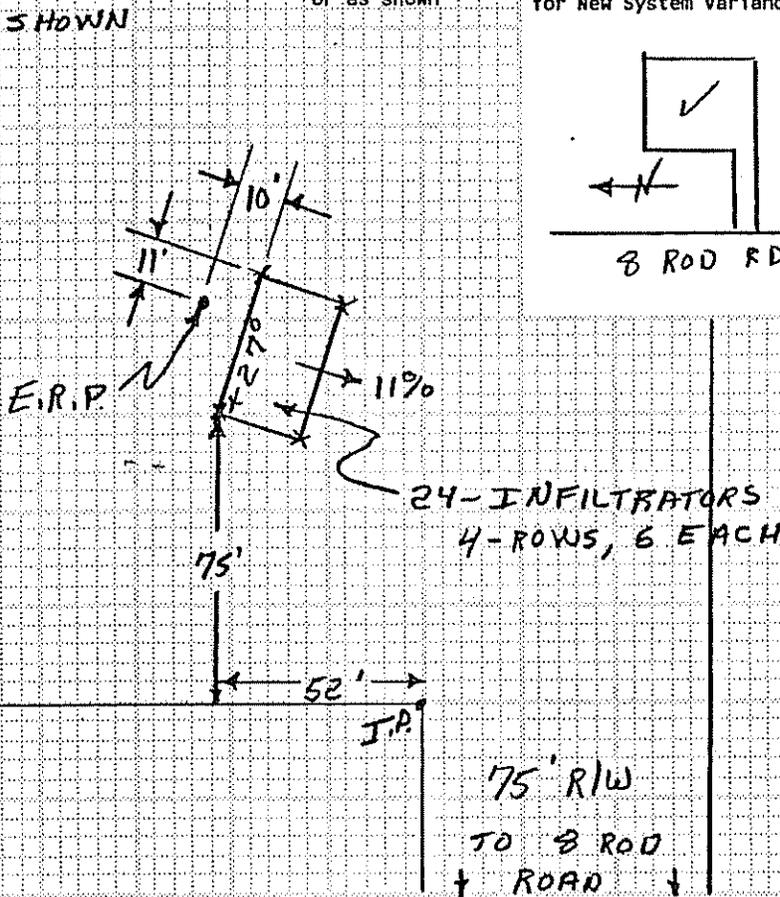
SITE LOCATION PLAN

(Attach Map from Maine Atlas for New System Variance)

NO R WITHIN 150' NOT SHOWN

PART OF 4.2 ± ACRES

X = FLAGS MARK APPROX CORNERS OF SYSTEM



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				
6	L.S.	FRIABLE	B.	
10				
15				
20				16
30	C/S	FIRM	O.G.	
40				
50				

Soil Classification 7 Slope 11% Limiting Factor 16 Ground Water
 Profile Condition C 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				

Soil Classification _____ Slope _____ Limiting Factor _____ Ground Water
 Profile Condition _____ Restr. Layer Bedrock

Donald W. Reed
 Site Evaluator Signature

51
SE#

4/27/89
Date

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

URFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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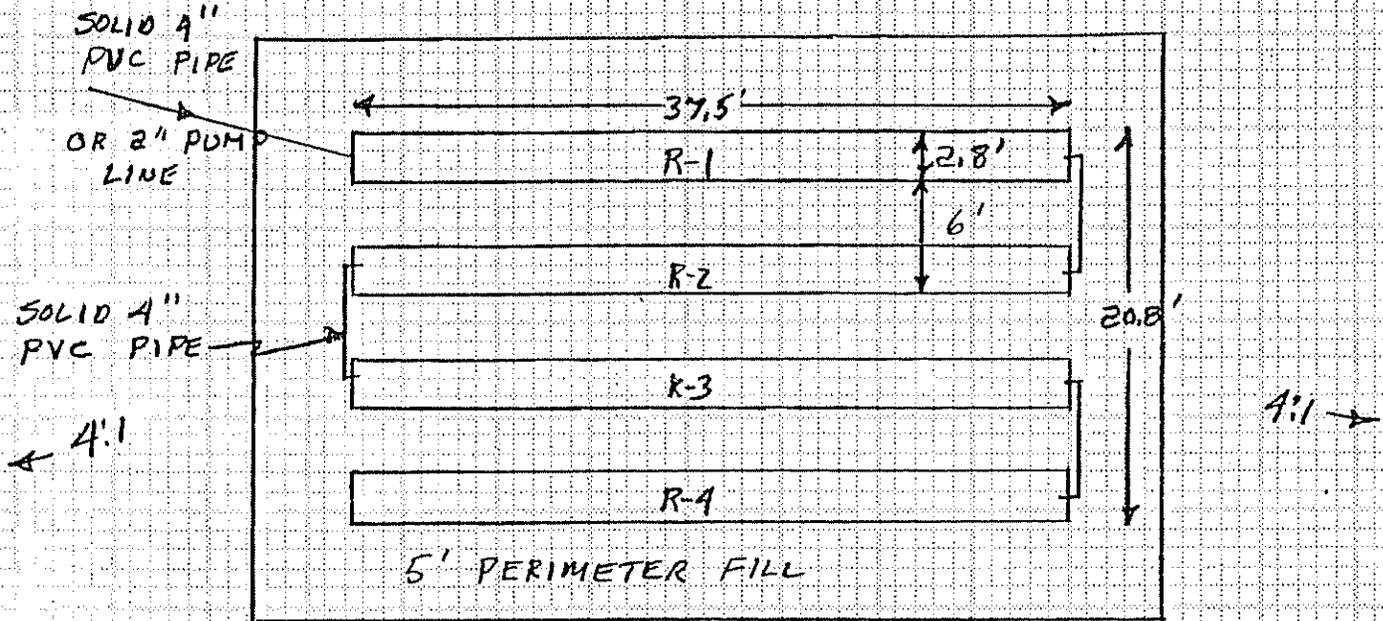
City, Plantation
Augusta

Street, Road, Subdivision
8 Rod Road

Owner's Name
Lagace Jr., Donald

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 10 Ft.
or as shown



EXTEND FILL ON 4:1
SLOPE
B

FILL REQUIREMENTS
Depth of Fill (Upslope)
Depth of Fill (Downslope)

19"
30"

CONSTRUCTION ELEVATION

Reference Elevation is
Bottom of Disposal Area R-1 ONLY
Top of Distribution Lines or Chambers

ELEVATION REFERENCE POINT

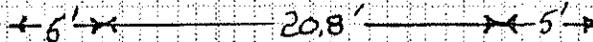
0
-64" NAIL IN 4" OAK
-49"

- ① 8" TOPSOIL
- ② SANDY GRAVEL FILL
- ③ LOAMY SAND FILL

DISPOSAL AREA CROSS SECTION

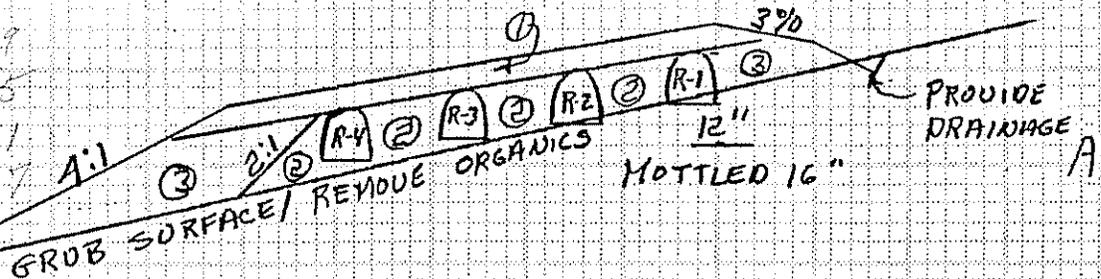
Scale:
Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.

R-1,2,3,4 - 6 INFILTRATORS
EACH ROW



BOTTOM ELEV

R-1	-64"	49
R-2	-70"	55
R-3	-76"	61
R-4	-82"	67



Site Evaluator Signature
W. W. ...

51
SE#

4/27/89
Date

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