SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Subdivision Lot #	NORTH BELFAST AVE.

PROPERTY OWNERS NAME

Last: KNIGHT First: RICHARD

Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	RTE. #1, BOX 1148 RICHMOND, ME. 04357

M7L7

AUGUSTA 2454 TOWN COPY

Date Permit Issued: 7 6 92 $ 60.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 808

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 9/24/92 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 11/5/92 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
3¼ ± Acre	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 RETAIL STORE
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 AT LEAST 100' FROM SYSTEM

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☒ SEPTIC: ☒ Regular ☐ Low Profile
2. ☐ AEROBIC

SIZE: 750 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: 20 GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)
4 DAY WORKERS, FARM SUPPLY RETAIL STORE

DESIGN FLOW: 60 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
8	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 450 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

On 11-18-91 (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 132 SE# 11/19/91 Date

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

ACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

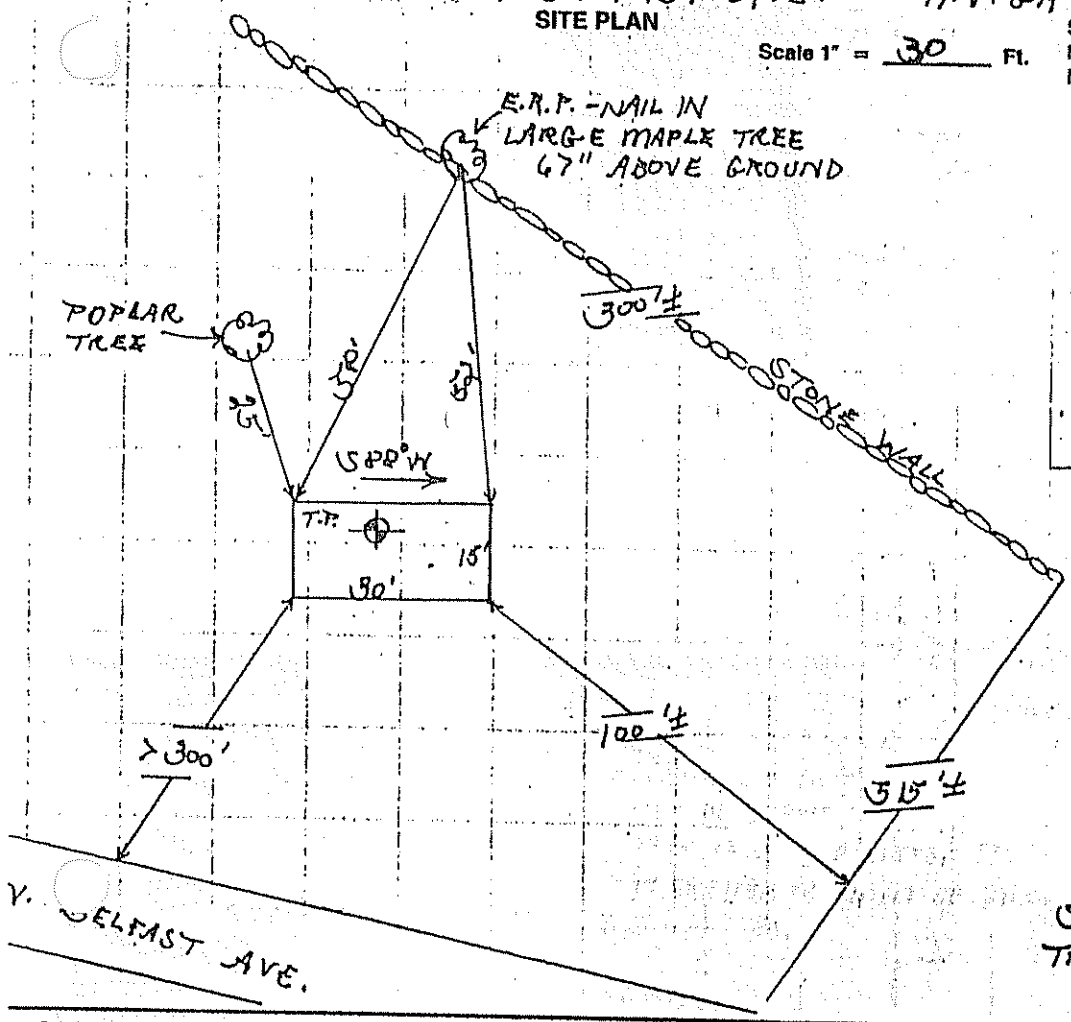
ntation: AUGUSTA

Street, Road, Subdivision: NORTH BELFAST AVE.

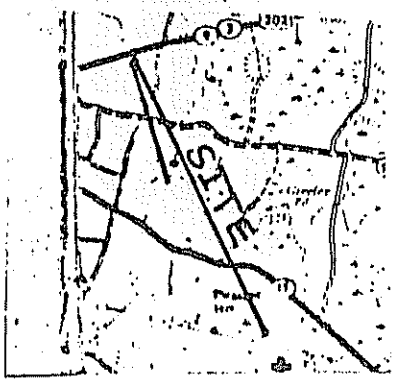
Owners Name: KNIGHT, RICHARD

SITE PLAN

Scale 1" = 30 Ft.



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



SEE "NOTES FROM THE SITE EVALUATOR"

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

ervation Hole 1 ☒ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
SANDY LOAM	FRIABLE	BROWN	
		REDDISH BROWN	
			EVIDENT
SILT LOAM			

Profile	Condition (Classification)	Slope	Limiting Factor	
	C	8 %	17"	☒ 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

Site Evaluator Signature: [signature]

SE#: 133

Date: 11/19/91

HHE-200 Rev.1/84

FACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

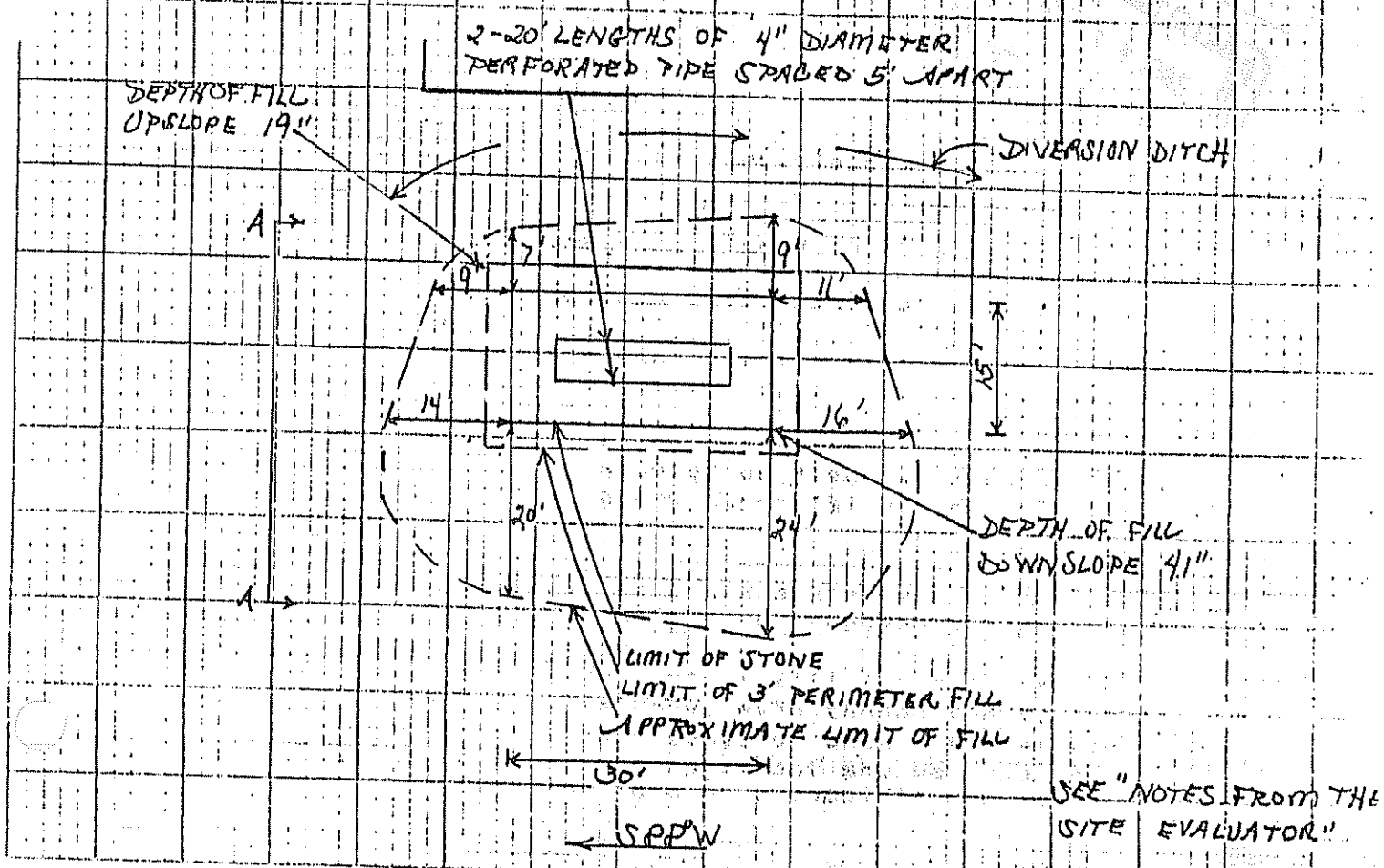
antation: UGUSTA

Street, Road, Subdivision: NORTH BELFAST AVE.

Owners Name: KNIGHT, RICHARD

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 F



FILL REQUIREMENTS

Depth of Fill (Upslope) 19"

Depth of Fill (Downslope) 41"

CONSTRUCTION ELEVATIONS

Reference Elevation is 0'00"

Bottom of Disposal Area -53"

Top of Distribution Lines or Chambers -42"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

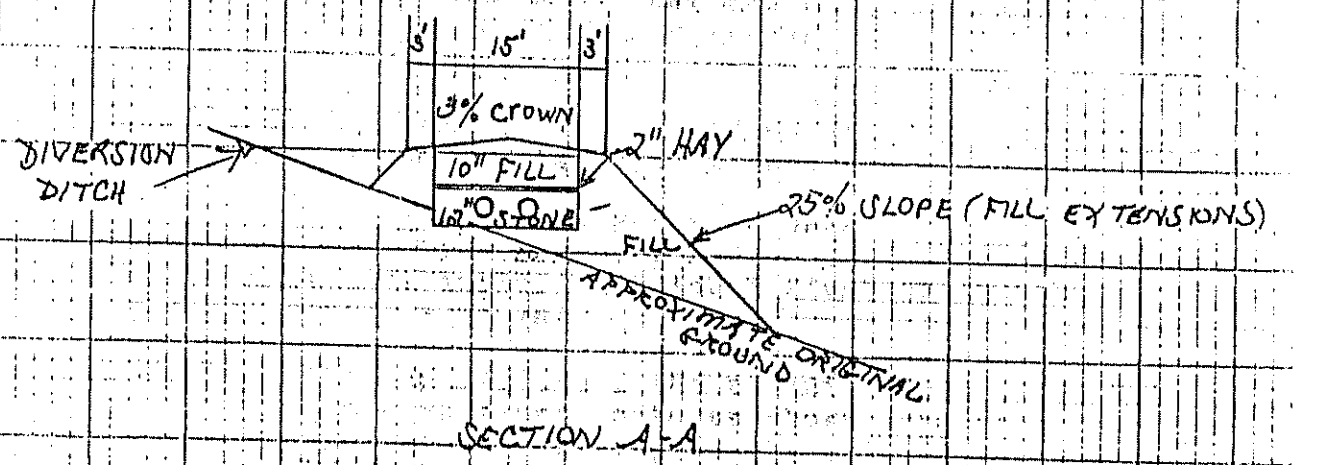
NAIL IN LARGE MAPLE TREE 67" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.

Horizontal: 1 inch = 20 Ft.



SECTION A-A

Gary Colburn
Site Evaluator Signature

132
SE#

11/19/91
Date