M7L24B

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street bdivision Lot #	CHURCH HILL RD.

PROPERTY OWNERS NAME

Last: WOOD First: JEFFREY

Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	101A EASTERN AVE. AUGUSTA, ME 04330

OK FOR PERMIT

AUGUSTA PERMIT # 471 TOWN COPY

Date Permit Issued: 4 4 85 $ 40 FEE ☐ If Double Fee Charged

L.P.I. # 759

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.

Randall D. Grey 4/10/85

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. ☒ NEW SYSTEM
2. ☐ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ SEASONAL CONVERSION
5. ☐ EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. ☒ NO RULE VARIANCE REQUIRED
2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form
   ☐ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
3. ☐ Requiring Local Plumbing Inspector Approval
4. ☐ Requires State and Local Plumbing Inspector Approval

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
6. ☐ ALTERNATIVE TOILET (ONLY)
7. ☐ NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS: N/A

1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

DISPOSAL SYSTEM TO SERVE:

1. ☒ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

SIZE OF PROPERTY: 13± Ac.

ZONING: NONE

TYPE OF WATER SUPPLY

Drilled Well Prop.

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☒ SEPTIC: ☒ Regular ☐ Low Profile*
2. ☐ AEROBIC *MAYBE REQ.

SIZE: 1000 GALS.

WATER CONSERVATION

1. ☒ NONE SUGGESTED
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.)

3 BEDROOMS MIN. PER CODE:

DESIGN FLOW: 270 G.P.D. (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 30

SIZE RATINGS USED FOR DESIGN PURPOSES

1. ☐ SMALL
2. ☐ MEDIUM
3. ☒ MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. ☒ BED 900 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

(☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

On 12/2/84 (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.

Paul C. Beers 12/4/84

Site Evaluator Signature SE# Date

STATE OF MAINE PAUL A. BEERS NO. 56 LICENSED SOIL EVALUATOR

* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Option

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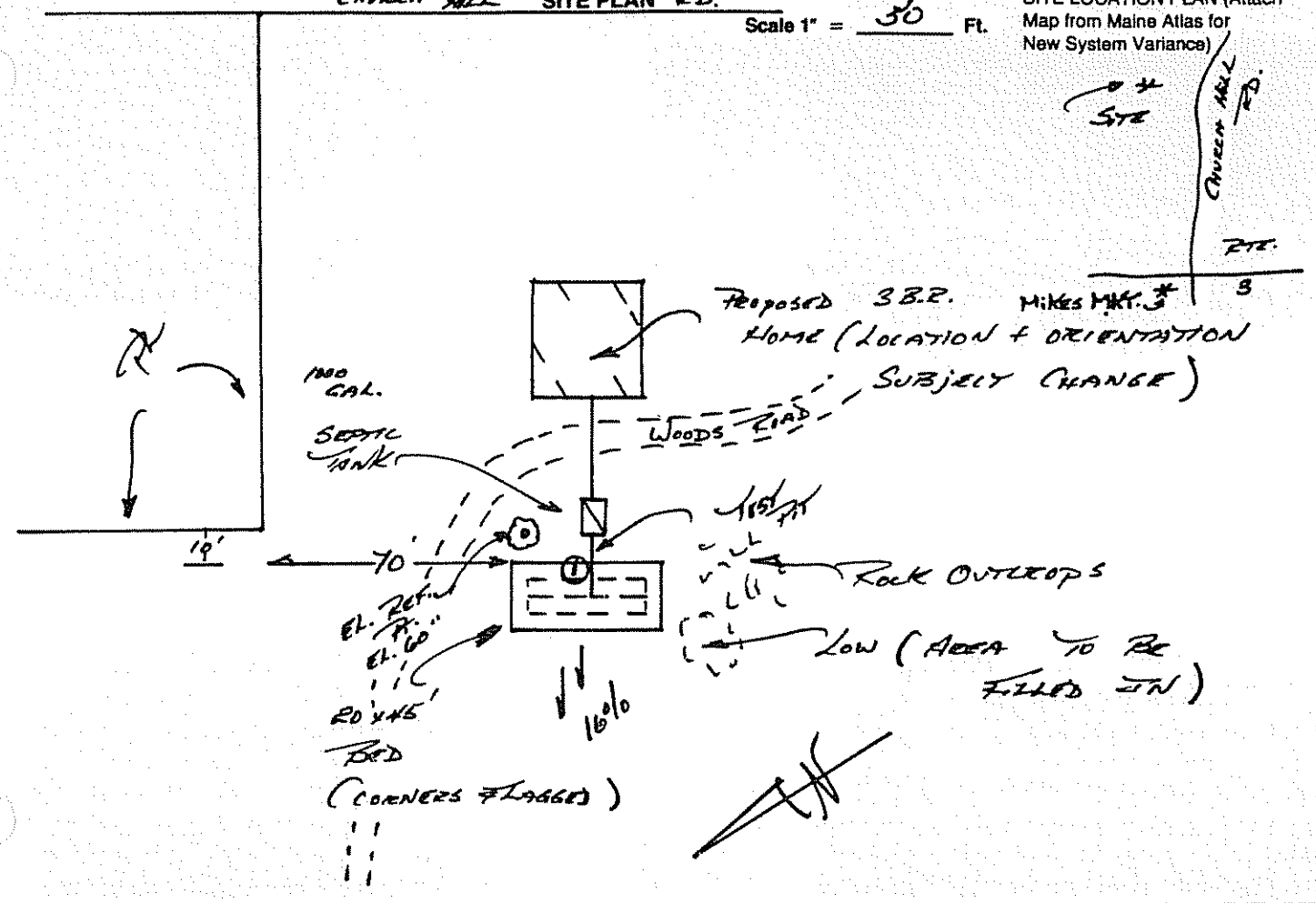
Street, Road, Subdivision: CHURCH HILL RD.
Owners Name: JEFFREY WOOD

CHURCH HILL SITE PLAN RD.

Scale 1" = 50 Ft.

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



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

Observation Hole 2 ☒ Test Pit ☐ Boring

2" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6			DK BROWN	
6–10	FINE	FRIABLE	REDDISH BROWN	COMMON
10–15	SANDY			DISTINCT
15–20	LOAM		OLIVE BROWN	@ 30"
20–30		FIRM	OLIVE GRAY	
30–40	REFUSAL	V. FIRM		

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	C (Condition)	16 %	30	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole ☐ Test Pit ☐ Boring

" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6				
6–10				
10–15				
15–20				
20–30				
30–40				

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

Paul C. Beers — Site Evaluator Signature
#56 — SE#
12/4/84 — Date

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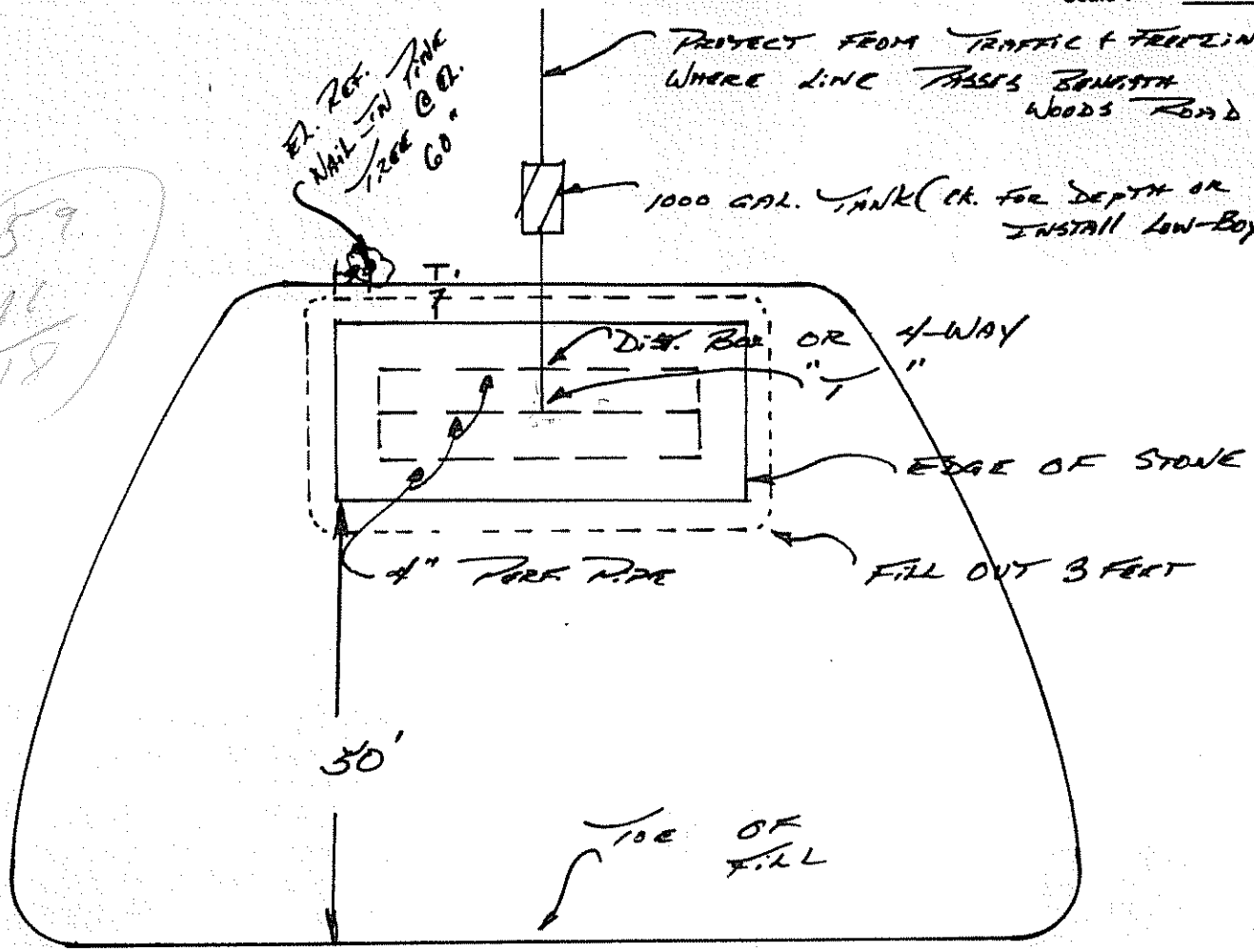
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	6"	Reference Elevation is	60"	NAIL IN PINE TREE
Depth of Fill (Downslope)	44"	Bottom of Disposal Area	0"	60" ABOVE BOTTOM OF BED
		Top of Distribution Lines or Chambers	11"	

DISPOSAL AREA CROSS SECTION

{ SEE ATTACHED SHEET FOR BED X-SECT. }

Scale:
Vertical: 1 Inch = Ft.
Horizontal: 1 Inch = Ft.

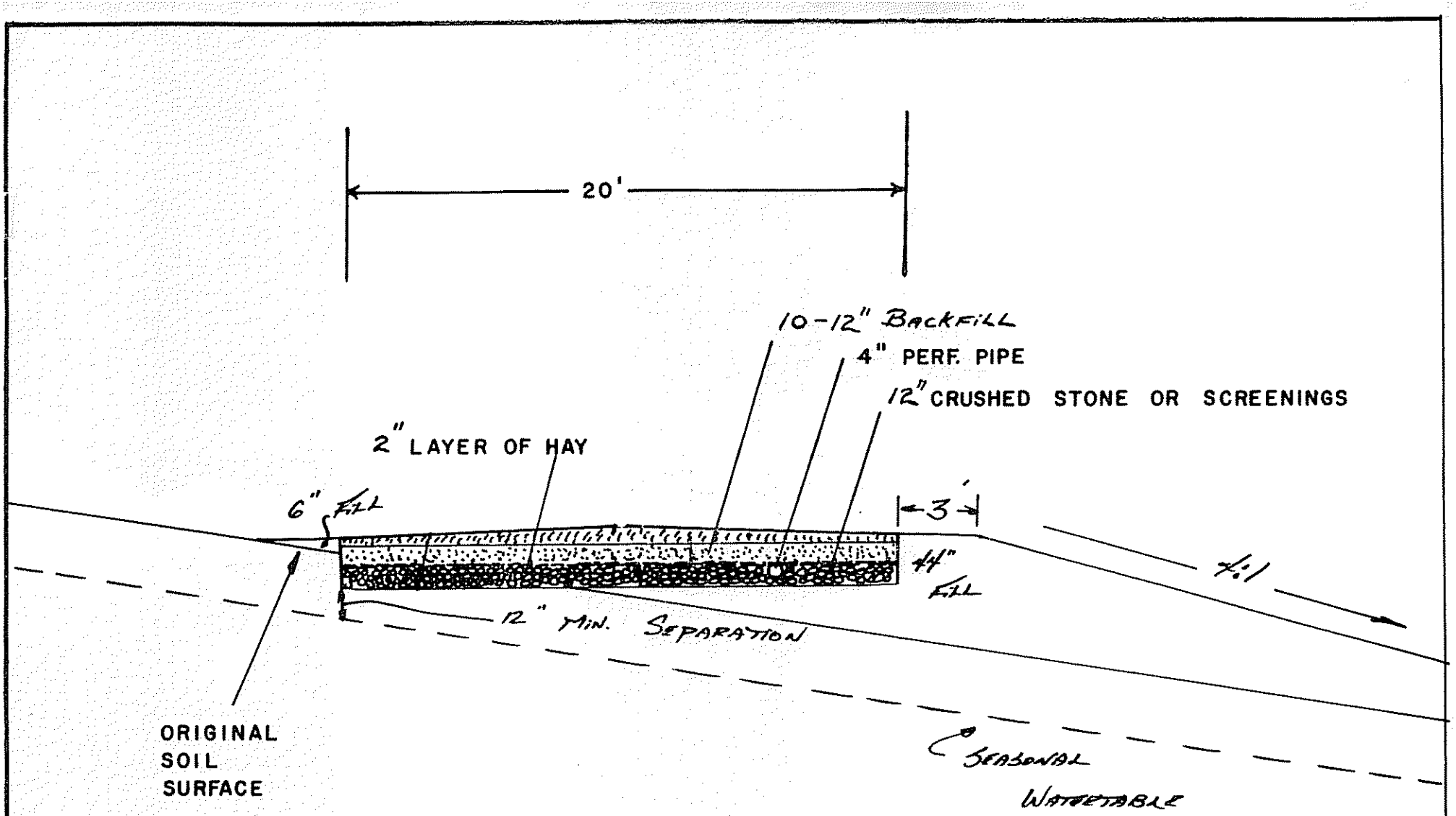
INSTALLATION NOTES:

- REMOVE ORGANIC PAD BED + FILL EXT.
- DIVERT SURFACE WATER AWAY FROM BED
- STABILIZE SYSTEM BY SEED + MULCH

Paul E. Beers
Site Evaluator Signature

#456
SE#

12/4/84
Date



% SLOPE 16%

DIRECTION OF SLOPE →

PAUL A. BEERS SOILS CONSULTANT		
DATE 12/4/84	DRAWN BY Beers	APPROVED BY
SCALE 1" = 5'	REVISED	
CROSS SECTION = BED SYSTEM		
NAME OWN Jeffrey Wood Augusta		DRAWING NUMBER ATTACHMENT TO: HHE-[illegible]0