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 #	Church Hill RD

PROPERTY OWNERS NAME

Last: Sikois First: Roger

Applicant Name:	John Philbrick
Mailing Address of Owner/Applicant (If Different)	Sidney

0132 AUGUSTA *** 11020 ***

Date Permit Issued: 10, 26, 83

$ 40 FEE

☐ If Double Charged

Robert St Pierre
Local Plumbing Inspector Signature

L.P.I. # 6617

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.

Robert B St Pierre
Local Plumbing Inspector Signature

11/8/83
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. ☐ Requires only Local Plumbing Inspector Approval
   4. ☐ Requires both 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:

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	ZONING
1.2	No

TYPE OF WATER SUPPLY

Private well

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

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

SIZE: 1000 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: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

DESIGN FLOW: 270 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
2	C

DEPTH TO LIMITING FACTOR: 20 water table

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 _____ Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

(☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

On _____ (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.

See Attached Sheet

Site Evaluator or Professional Engineer's Signature _____ SE# / PE# _____ Date _____

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

TOWN COPY

Division of Health Engineering
Station No. 10
State House
Augusta, Maine 04333

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

This Is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

HHE-200

This Application Is For: (X) New System ( ) Replacement Of Entire System ( ) Expanded System ( ) Replacement Of Disposal Area Only ( ) Conversion Permit

Variance: (X) None Required ( ) New System Variance ( ) Replacement System Variance With: ( ) LPI Approval ( ) Dept. Review

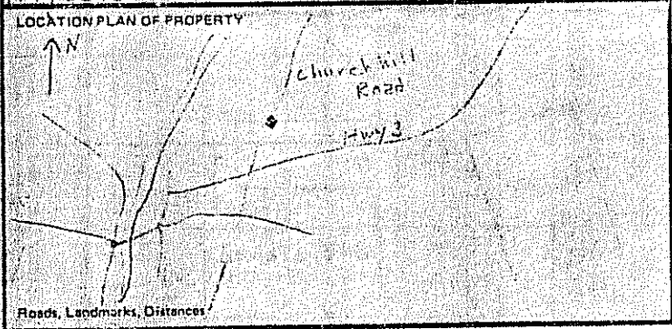
PROPERTY LOCATION: Augusta (Town, Plantation) — Church Hill Rd (Street, Road) — Subdivision Name — Lot No.

PROPERTY OWNER or APPLICANT: Roger Delicia M. Sirois

Mailing Address: 33 Washington Street, Apt 4 — Tel. No. 623-4857

Augusta Town, Maine State 04330 Zip Code

LOCATION PLAN OF PROPERTY



Roads, Landmarks, Distances

TYPE OF STRUCTURE, DESIGN FLOW

(X) Single Family Dwelling — Number of Bedrooms 3 — Design Flow 270 GPD

Design Flow based on (X) Minimum ( ) Moderate ( ) Conservative

( ) Reduction in Design Flow due to Water Conservation

If so, specify type (s) _____

( ) Other Establishment. Specify _____ Type of Facility

(Number of Employees, Seating Capacity, Building Size, etc.)

Design Flow _____ GPD — If greater than 2000 GPD, Specify Professional Engineer

PROPERTY INFORMATION

Area of Property 1.2 ( ) Sq. Ft. (X) Acres ( ) Zoned ( ) Not Zoned

If zoned, type of zoning _____

Property on Water Body, If so, Name of Water Body _____

Water Supply is: ( ) Public Utility, (X) Drilled Well 3 depth

( ) Dug Well _____ depth ( ) Well Point ( ) Spring ( ) Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

TEXTURAL DESCRIPTION OF EACH SOIL STRATA ENCOUNTERED	Observation Hole No. 1 (X) Test Pit ( ) Boring	Observation Hole No. ____ ( ) Test Pit ( ) Boring	Observation Hole No. ____ ( ) Test Pit ( ) Boring
Organic Strata or (Existing Fill)	F.L. Thickness 2"	Thickness ____"	Thickness ____"
1st Original Mineral Soil Strata	Loam Depth from 0" to 10" Thickness 10"	Depth from 0" to ____" Thickness ____"	Depth from 0" to ____" Thickness ____"
2nd	Gritty S.L. Depth from 10" to 20" Thickness 10"	Depth from ____" to ____" Thickness ____"	Depth from ____" to ____" Thickness ____"
3rd	SL Depth from 20" to 48" Thickness 28"	Depth from ____" to ____" Thickness ____"	Depth from ____" to ____" Thickness ____"
4th	Depth from ____" to ____" Thickness ____"	Depth from ____" to ____" Thickness ____"	Depth from ____" to ____" Thickness ____"
	Total Depth of Observation Hole 48"	Total Depth of Observation Hole ____"	Total Depth of Observation Hole ____"
Depth from top of ORIGINAL MINERAL SOIL: Maximum Seasonal High Ground	( ) None evident Water Table Depth 30"	( ) None Evident Water Table Depth ____"	( ) None evident Water Table Depth ____"
Depth to Restrictive Layer	(X) None evident ____"	( ) None evident ____"	( ) None evident ____"
Depth to Bedrock	(X) None evident ____"	( ) None evident ____"	( ) None evident ____"

PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE
2	C	10 %			%			%

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2

TYPE OF SYSTEM

(X) Combined System

( ) Separated System

If separated system, type of black waste disposal system to be used:

( ) Compost
( ) Pit Privy
( ) Sealed Vault Privy
( ) Other:

Specify: _____

( ) Separated Laundry System
( ) [illegible]
( ) Holding Tank

TREATMENT TANK.

(X) Septic Tank
( ) Aerobic Tank

Size 1000 Gals.

DOSAGE

(X) Pumping is not required
( ) Pumping is required

The dose should be: _____ Gals.

Dosage chamber capacity shall be _____ gals.

( ) System should be vented

SUBSURFACE DISPOSAL AREA/TYPE

( ) Trench Disposal Area

Total linear feet of trench _____ ft.
Number of Trench lines _____ ft.
Length of each trench line _____ ft.
Depth of Stone _____ inches.
Reduction on trench length due to stone depth _____ %

(X) Bed Disposal Area

Total bed area 880 sq. ft.
Number of beds 1
Width 20 ft. Length 44 ft.

( ) Chamber Disposal Area

Total chamber area _____ sq. ft.
Number of clusters _____
Width _____ ft. Length _____ ft.
( ) H-20 required

SYSTEM SIZE RATING

( ) Small ( ) Medium (X) Medium Large ( ) Large ( ) Extra Large

DISPOSAL AREA ELEVATION

Depth of Upslope Fill required 6 inches.
Depth of Downslope Fill required 27 inches.
Reference Elevation Point established at _____ Elevation.
Disposal Area Bottom to be established at 82" below ERP Elevation.
Top of Distribution Lines or Top of Chambers 71" below ERP Elevation.

(X) Yes ( ) No: The proposed subsurface disposal area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook stream, river), swamps, marshes, and bogs.

(X) Yes ( ) No: The proposed subsurface disposal area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.

FOR USE BY SITE EVALUATOR

On 12 March 83 (date), a site investigation for this project was completed. I conducted this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.

Signature of Site Evaluator: Roger Jillson — Date signed 3-17-83 — Site Evaluator License Number 106

FOR USE BY OWNER/APPLICANT

I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.

Signature of Owner/Applicant: [illegible] — Date Signed

FOR USE BY LPI: ( ) This Application is approved. If conditions, specify:

( ) This Application is Denied due to: ( ) System is not in accordance with Rules. ( ) Application is incomplete. ( ) Application is unclear. ( ) Development is in violation of other Regulations. Specify _____

Signature of LPI: Robert B. St Pierre — Date

PERMIT NO. _____ E

Date Issued / /8

HHE-200 REV7/80

City.

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

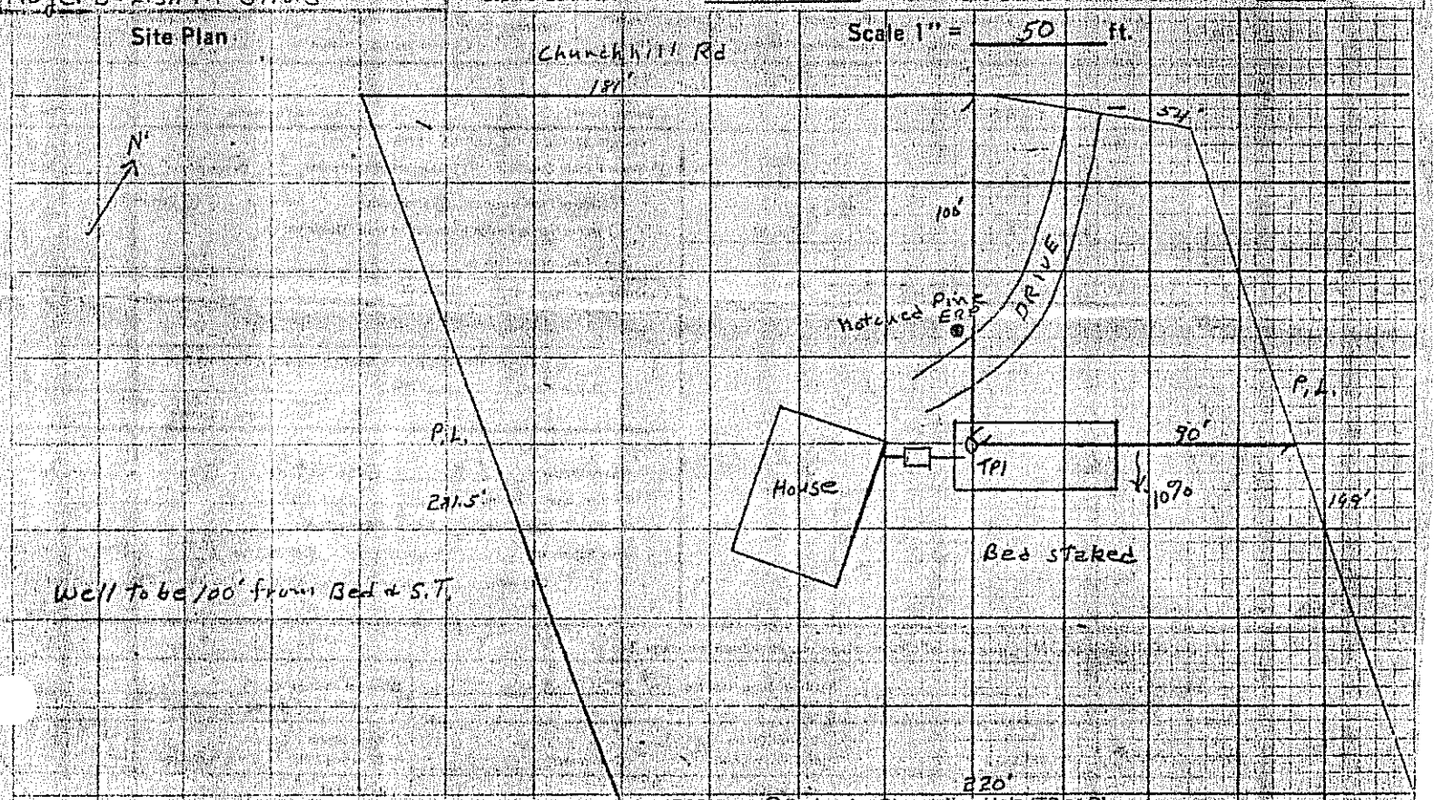
PROPERTY LOCATION			
Augusta (Town, Plantation)	Church Hill Road (Street, Road)	Subdivision Name	Lot No.

PROPERTY OWNER or APPLICANT: Roger D + Lisa M Sirois

DISPOSAL AREA ELEVATION
Depth of Upslope Fill required 6 inches.
Depth of Downslope Fill required 27 inches.
Reference Elevation Point established at _____ Elevation.
Disposal Area Bottom to be established at 83" below ERP Elevation.
Top of Distribution Lines or Top of Chambers 71" Below ERP Elevation.

Site Plan

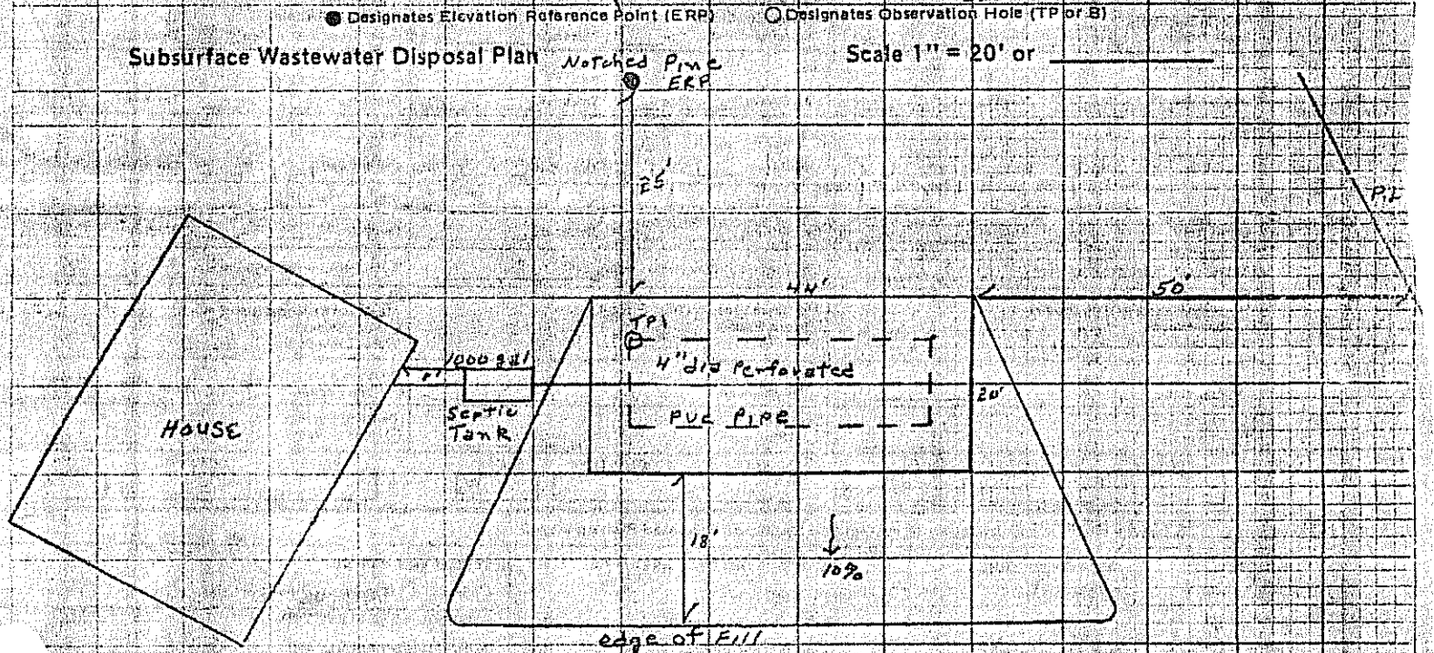
Scale 1" = 50 ft.



● Designates Elevation Reference Point (ERP) ○ Designates Observation Hole (TP or B)

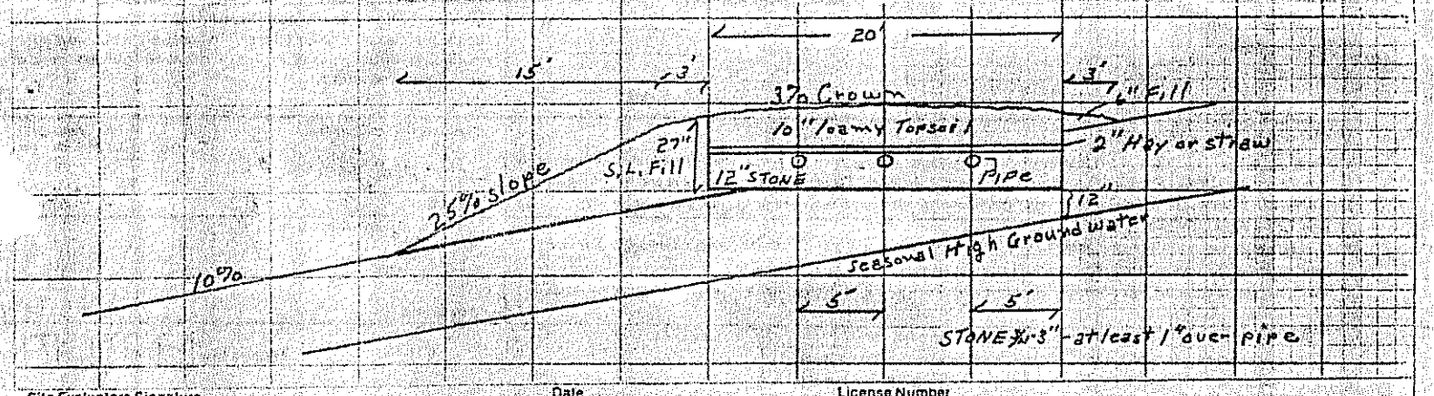
Subsurface Wastewater Disposal Plan

Scale 1" = 20' or _____



Subsurface Wastewater Disposal Area Cross-section

Scale: Vertical: 1" = 5'
Horizontal: 1" = 10'



Site Evaluators Signature	Date	License Number
Roger Gilbert	3-17-83	106