

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

**PROPERTY ADDRESS**

Town Or Plantation: Augusta ME

Street: W. R. P. Ave

Subdivision Lot #: 11-2-84

**PROPERTY OWNERS NAME**

Last: Vannoy's Auto Sales First: \_\_\_\_\_

Applicant Name: W. R. P. Ave

Mailing Address of Owner/Applicant (if Different): Augusta ME

**M 7 L 4 6 B**

AUGUSTA PERMIT # 546 TOWN COPY

Date Permit Issued: 11 2 84 \$ 2000.00 FEE  If Double Fee Charged

[Signature] Local Plumbing Inspector Signature L.P.I. # 1758

**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] Signature of Owner/Applicant Date: 11-2-84

**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: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**PERMIT INFORMATION**

**THIS APPLICATION IS FOR:**

- NEW SYSTEM
- REPLACEMENT SYSTEM Tank moved
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

**THIS APPLICATION REQUIRES:**

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE  
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE  
Attach Replacement System Variance Form
- Requires only Local Plumbing Inspector Approval
- Requires both State and Local Plumbing Inspector Approval

**INSTALLATION IS COMPLETE SYSTEM**

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (includes Alternative Toilet)
- ENGINEERED (+ 2000 gpd)

**INDIVIDUALLY INSTALLED COMPONENTS:**

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

**IF REPLACEMENT SYSTEM:**

YEAR FAILING SYSTEM INSTALLED \_\_\_\_\_

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: \_\_\_\_\_

**DISPOSAL SYSTEM TO SERVE:**

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER \_\_\_\_\_ SPECIFY \_\_\_\_\_

SIZE OF PROPERTY \_\_\_\_\_ ZONING \_\_\_\_\_

**TYPE OF WATER SUPPLY**

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

**TREATMENT TANK**

- SEPTIC:  Regular  Low Profile
- AEROBIC

SIZE: \_\_\_\_\_ GALS.

**WATER CONSERVATION**

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: \_\_\_\_\_

**PUMPING**

- NOT REQUIRED
- MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: \_\_\_\_\_ GALS.

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

DESIGN FLOW: \_\_\_\_\_ (GALLONS/DAY)

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE \_\_\_\_\_ CONDITION \_\_\_\_\_

DEPTH TO LIMITING FACTOR: \_\_\_\_\_

**SIZE RATINGS USED FOR DESIGN PURPOSES**

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

**DISPOSAL AREA TYPE/SIZE**

- BED \_\_\_\_\_ Sq. Ft.
- CHAMBER \_\_\_\_\_ Sq. Ft.  REGULAR  H-20
- TRENCH \_\_\_\_\_ Linear Ft.
- 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.

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