

PROPERTY ADDRESS

Town Or Plantation: **Augusta**

Street: **552 Riverside Drive**

Subdivision Lot #: **552 Riverside Drive**

PROPERTY OWNER'S NAME

Last: **Blouin** First: **Paul**

Applicant Name: **TODD FARRIN Paul Blouin**

Mailing Address of Owner/Applicant (If Different): **552 Riverside Drive Augusta Me 04330**

AUGUSTA CAUTION: PERMIT 1935 TOWN COPY

Date Permit Issued: **8/14/90**

Local Plumbing Inspector Signature: *John P. Riccicelli*

FEE: **40** Double Fee Charged

L.P.I. #: **9631**

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: *Paul Blouin* Date: **8/6/90**

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: *Ray R. Lulker* Date Approved: **8/23/90**

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input checked="" type="checkbox"/> Requires Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL.</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>SEASONAL CONVERSION to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p>City water</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED ?</p> <p>THE FAILING SYSTEM IS</p> <p>1. <input type="checkbox"/> BED 3. <input checked="" type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>SIZE OF PROPERTY: 22000+-'</p> <p>ZONING: _____</p>	

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</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE 1500 GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____</p>	<p>PUMPING</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION & ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED DOSE: 117 GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING) EMPLOYEES, WATER RECORDS, ETC.)</p> <p>2-2 bedroom apts @ 180 each.</p> <p>1-1 bedroom apt @ 120 each.</p> <p>DESIGN FLOW: 480 (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 3 CONDITION: C</p> <p>DEPTH TO LIMITING FACTOR: 18 "</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA-LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 800 Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	

STATE EVALUATOR STATEMENT

On **4/26/88** (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: *Michael W. Redmond* SE# **51** Date: **4/26/88**

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

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

04278841

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

552 Riverside Drive

Blouin, Paul

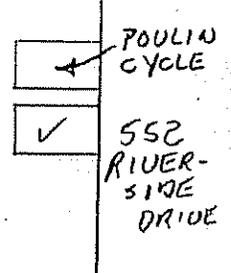
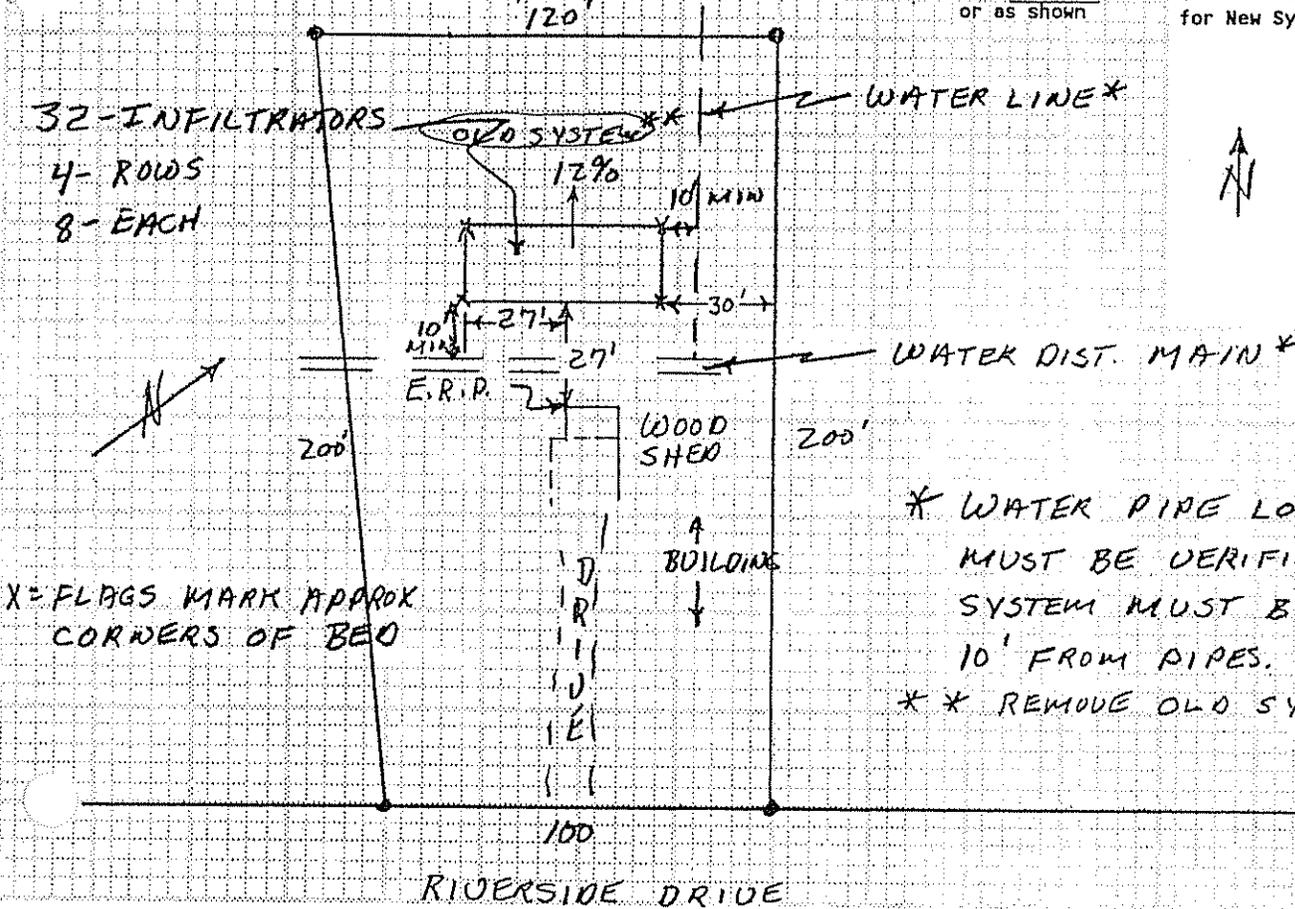
Pool

SITE PLAN

Scale: 1" = 50 Ft.
or as shown

SITE LOCATION PLAN

(Attach Map from Maine Atlas for New System Variance)



* WATER PIPE LOCATIONS MUST BE VERIFIED. SEPTIC SYSTEM MUST BE AT LEAST 10' FROM PIPES.
** REMOVE OLD SYSTEM

X= FLAGS MARK APPROX CORNERS OF BEO

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring

Depth of Organic Horizon Above Mineral Soil _____

Inches	Texture	Consistency	Color	Mottling
0	S.L.	FRIABLE	B.	
6	TO			
10	L.S.			
15				
20				19"
30			G.B.	
40				
50				

Soil Classification S C Slope 12% Limiting Factor 18 Ground Water
 Profile Condition 12% 18 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

Henry W. Riden
Site Evaluator Signature

51
SE#

4/26/88
Date

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

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04278841

Town, City, Plantation

Street, Road, Subdivision

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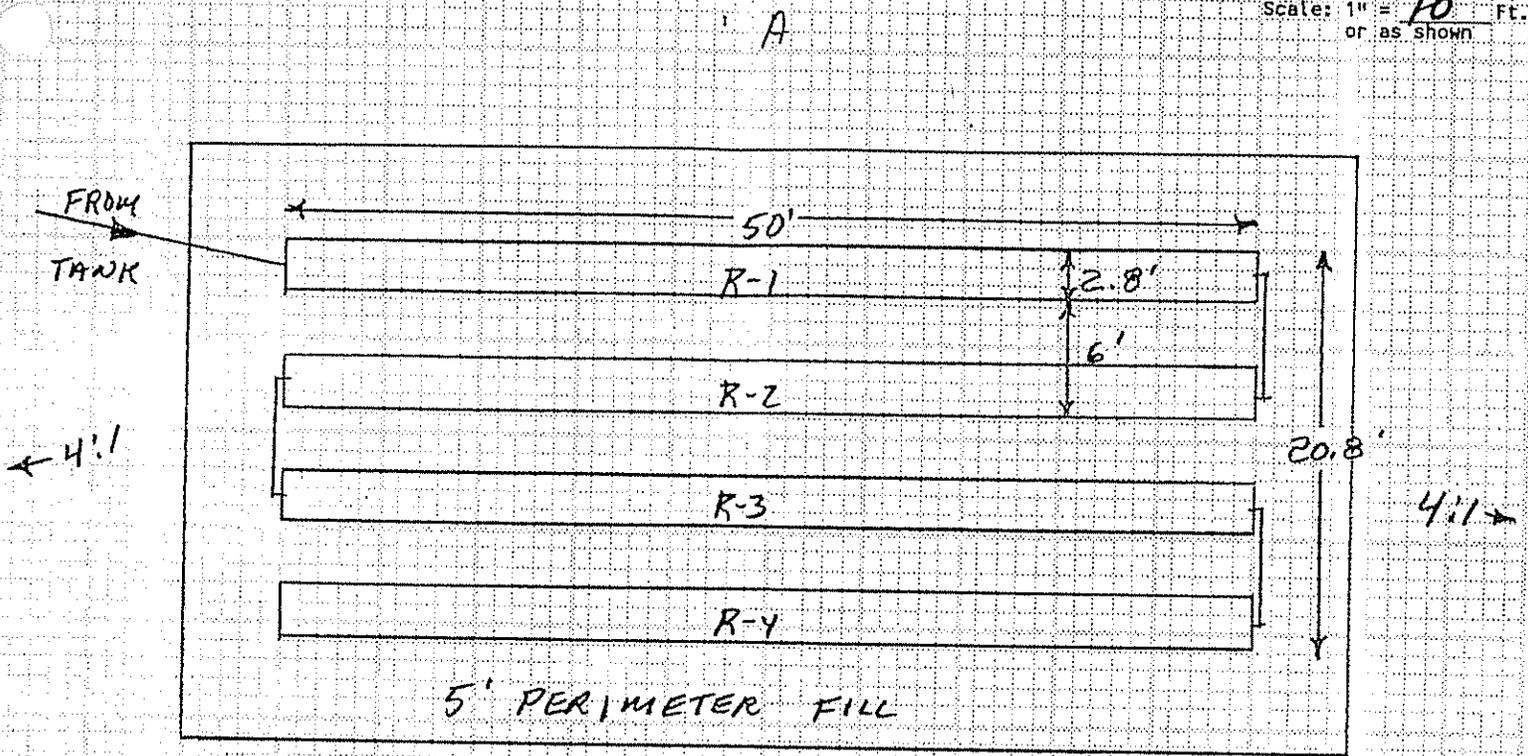
Augusta

552 Riverside Drive

Blouin, Paul

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)

17"
38"

CONSTRUCTION ELEVATION

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

R-1 ONLY
0
-66"
-51"

ELEVATION REFERENCE POINT

NAIL IN WOOD SHED
CORNER POST

DISPOSAL AREA CROSS SECTION

Scale:

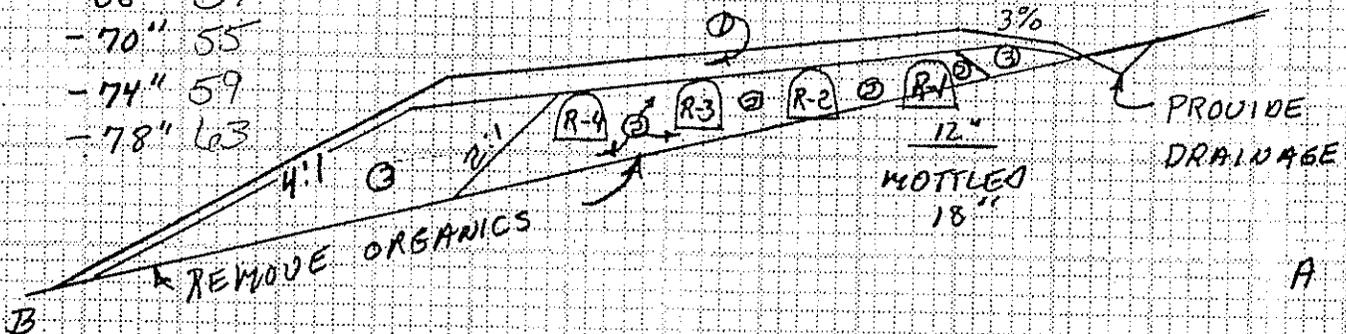
Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.

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

R-1 - R-4 - INFILTRATORS ← 5' → 20.8' → 5' →

BOTTOM ELEV.

R-1	-66"	51
R-2	-70"	55
R-3	-74"	59
R-4	-78"	63



Donald W. Rusk
Site Evaluator Signature

51
SE#

4/26/88
Date

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