SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
1-85-36 (207) 289-3826

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Subdivision Lot #	Route 3 (N. Belfast Ave)

PROPERTY OWNERS NAME

Last: Larrabee First: Fred

Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	RFD 7 Box 115 Augusta,

M 7L59B

AUGUSTA PERMIT # 462 ✓ TOWN COPY

Date Permit Issued: 5 29 85 $ 30 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature: Randall R. Gray L.P.I. # 7 5 9

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: Fred Larrabee 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: Randall R. Gray Date Approved: 6/24/85

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- ☐ 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:

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	TYPE OF WATER SUPPLY
2± Ac.	Residential	Drilled well 250'±

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

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

SIZE: 2000 GALS.

WATER CONSERVATION

- 1. ☐ NONE Recommended
- 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.)

5 Apts. with 12 bedrooms @ 90 gpd/bed.

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
2	C

DEPTH TO LIMITING FACTOR: 15-16.

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

- 1. ☒ BED 2-600 Sq. Ft.
- 2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20
- 3. ☐ TRENCH _____ Linear Ft.
- 4. ☐ OTHER: _____

DESIGN FLOW: 1080 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

☐ SITE EVALUATION WAIVED BY LOCAL OPTION

On 5/12/85 (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: Albert E. Hodsdon SE#: 046 Date: 5/14/85

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

HHE 200 Rev. 1-81

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Division of Health Engineering

Town, City, Plantation: Augusta

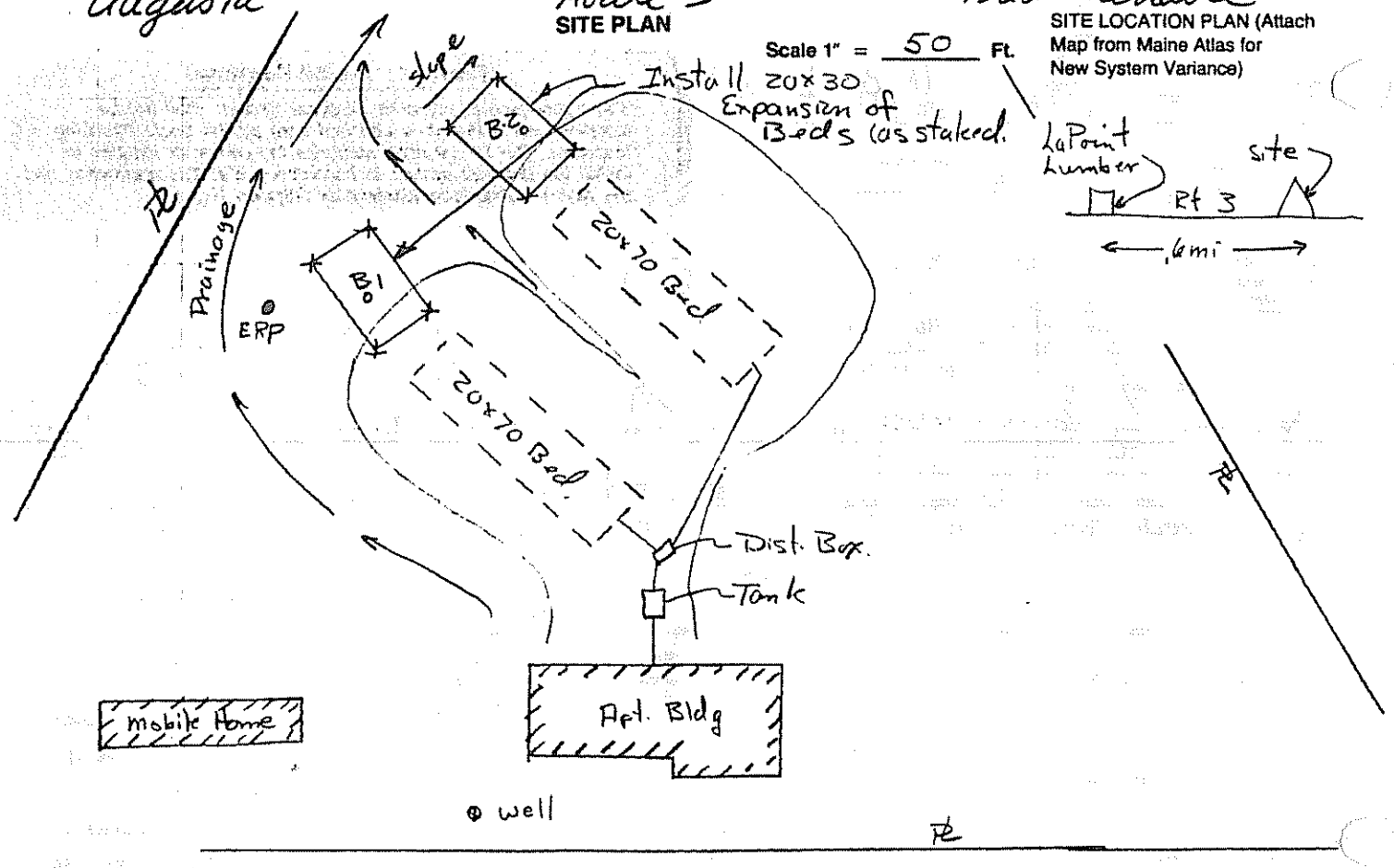
Street, Road, Subdivision: Route 3

Owners Name: Fred Larabee

SITE PLAN

Scale 1" = 50 Ft.

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



Route 3

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

Observation Hole B-1 ☐ Test Pit ☒ Boring

0 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	Sandy Loam	loose	Brn	
6–15	loam		Lt Brn	15"
15–50		firm	Olive gray	

Soil Profile	Classification Condition	Slope	Limiting Factor	
2	C	1-3 %	15"	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole B-2 ☐ Test Pit ☒ Boring

0 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	loam	loose	Brn	
6–15			Lt Brn	16"
15–50		firm	Olive gray	

Soil Profile	Classification Condition	Slope	Limiting Factor	
2	C	2-4 %	16"	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock

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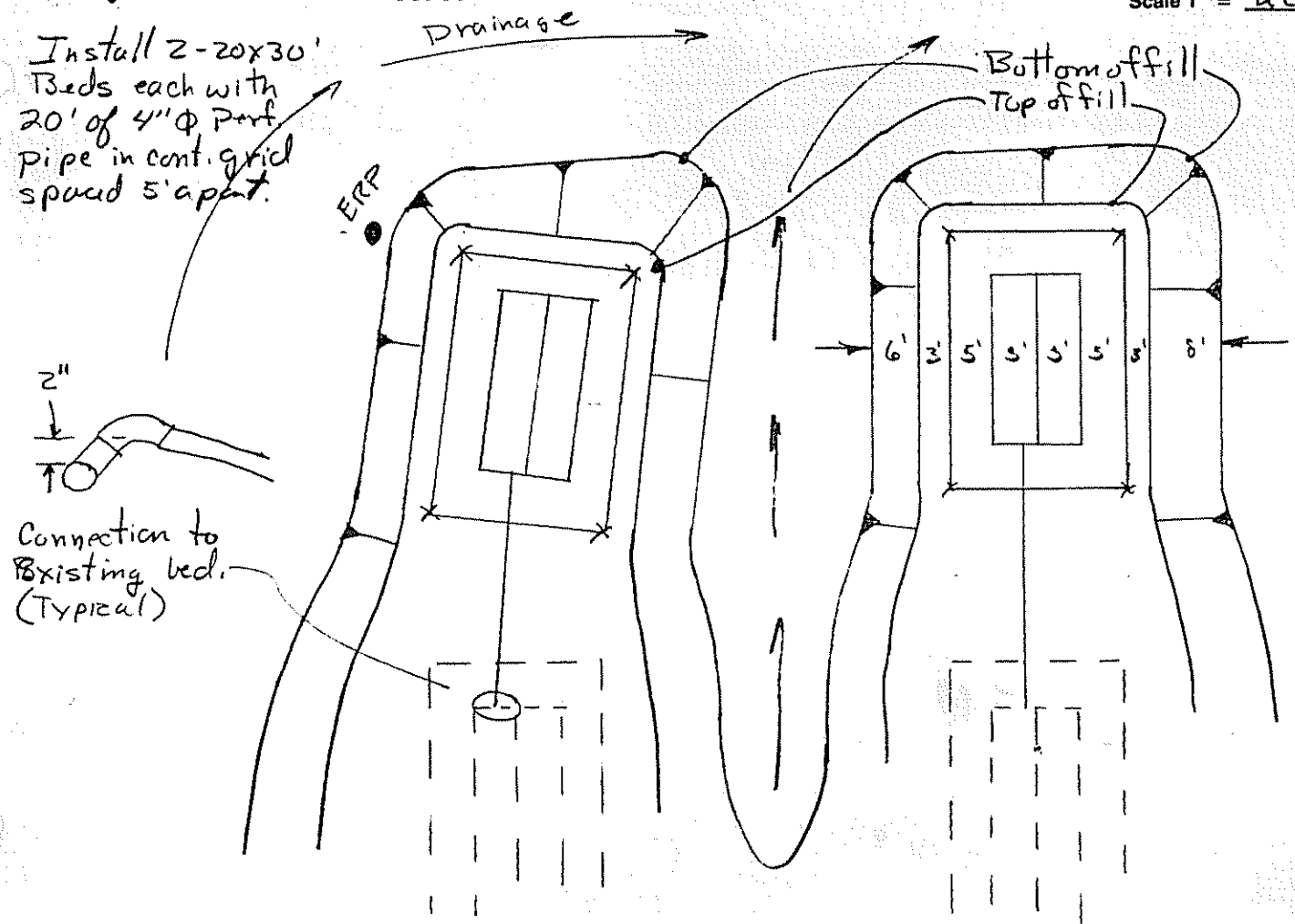
SUBSURFACE WASTEWATER DISPOSAL PLAN

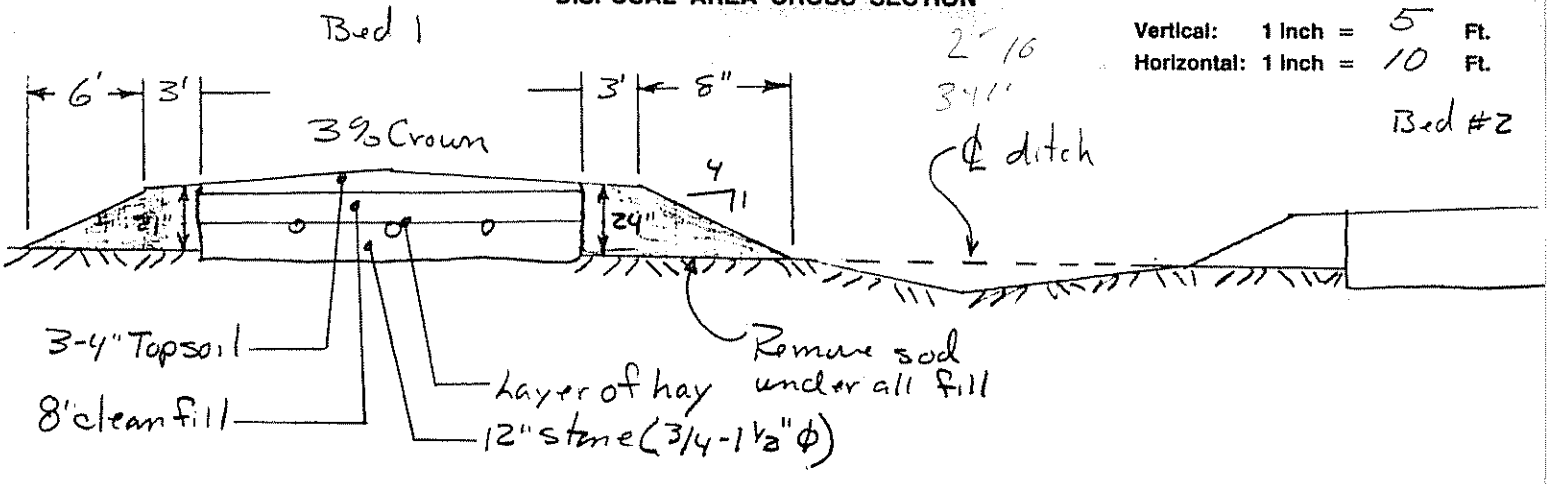
Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	21"	Reference Elevation is	Bed 1 100'-0"	Nail in 8" Pine
Depth of Fill (Downslope)	24"	Bottom of Disposal Area	96'-10" 96'-2"	
		Top of Distribution Lines or Chambers	97'-10" 97'-2"	

DISPOSAL AREA CROSS SECTION

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



Albert E Hochstein OAK 5/14/85

21 TOP OF CHAMBERS

100 0
97 2

2' 18

3-4"

34
21
13" low