M7 L81

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 #: Route 3 (N. Belfast Ave)

PROPERTY OWNERS NAME

Last: Mc Intyre First: Roland

Applicant Name:

Mailing Address of Owner/Applicant (If Different)

0157 AUGUSTA *** 11020 ***

Date Permit Issued: 1 10 84

Robert B St Pierre
Local Plumbing Inspector Signature

$ 40 FEE ☐ If Double Charged

L.P.I. # 1617

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

Roland M McIntyre
Signature of Owner/Applicant

1/10/83
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 St Pierre
Local Plumbing Inspector Signature

3/1/84
Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. [X] NEW SYSTEM
2. [ ] REPLACEMENT SYSTEM
3. [ ] EXPANDED SYSTEM
4. [ ] SEASONAL CONVERSION
5. [ ] EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. [X] 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. [X] 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. [X] SINGLE FAMILY DWELLING
2. [ ] MODULAR OR MOBILE HOME
3. [ ] MULTIPLE FAMILY DWELLING
4. [ ] OTHER _____ SPECIFY

SIZE OF PROPERTY: 5 acres ±

ZONING: —

TYPE OF WATER SUPPLY

Drilled

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. [X] SEPTIC: [ ] Regular [ ] Low Profile
2. [ ] AEROBIC

SIZE: 1,000 GALS.

WATER CONSERVATION

1. [ ] NONE
2. [X] LOW VOLUME TOILET
3. [ ] SEPARATED LAUNDRY SYSTEM
4. [ ] ALTERNATIVE TOILET

SPECIFY _____

PUMPING

1. [X] 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.)

2 bedroom

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 3 CONDITION: C

DEPTH TO LIMITING FACTOR: 24

SIZE RATINGS USED FOR DESIGN PURPOSES

1. [ ] SMALL
2. [ ] MEDIUM
3. [X] MEDIUM-LARGE
4. [ ] LARGE
5. [ ] EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. [X] BED 800 Sq. Ft.
2. [ ] CHAMBER _____ Sq. Ft.
   [ ] REGULAR [ ] H-20
3. [ ] TRENCH _____ Linear Ft.
4. [ ] OTHER _____

DESIGN FLOW: 240 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

[ ] SITE EVALUATION WAIVED BY LOCAL OPTION

On 8/29/83 (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.

Alan W Richards
Site Evaluator or Professional Engineer's Signature

#51
SE# / PE#

City

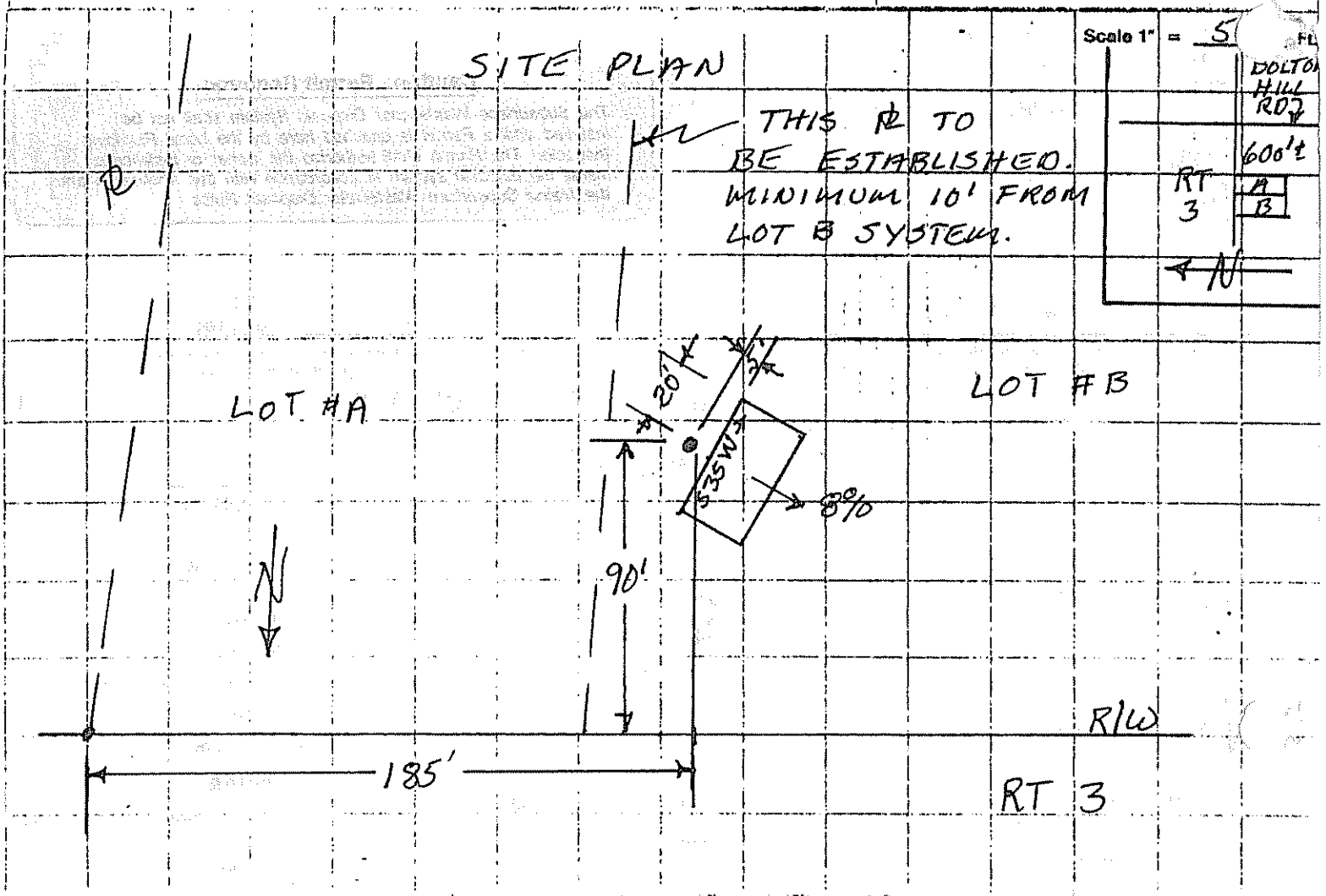
8/31/83
Date

* Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Option

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation | Street, Road, Subdivision | Owners Name



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

Observation Hole 1 ☐ Test Pit ☒ Boring

7" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6				
6–10				
10–15	S.L.	Friable	R.B.	
15–20				
20–30		Firm	G.B.	24+
30–40				
40–50				

Soil (Profile)	Classification (Condition)	Slope	Limiting Factor
3	C	8 %	24 ☒ 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				
40–50				

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

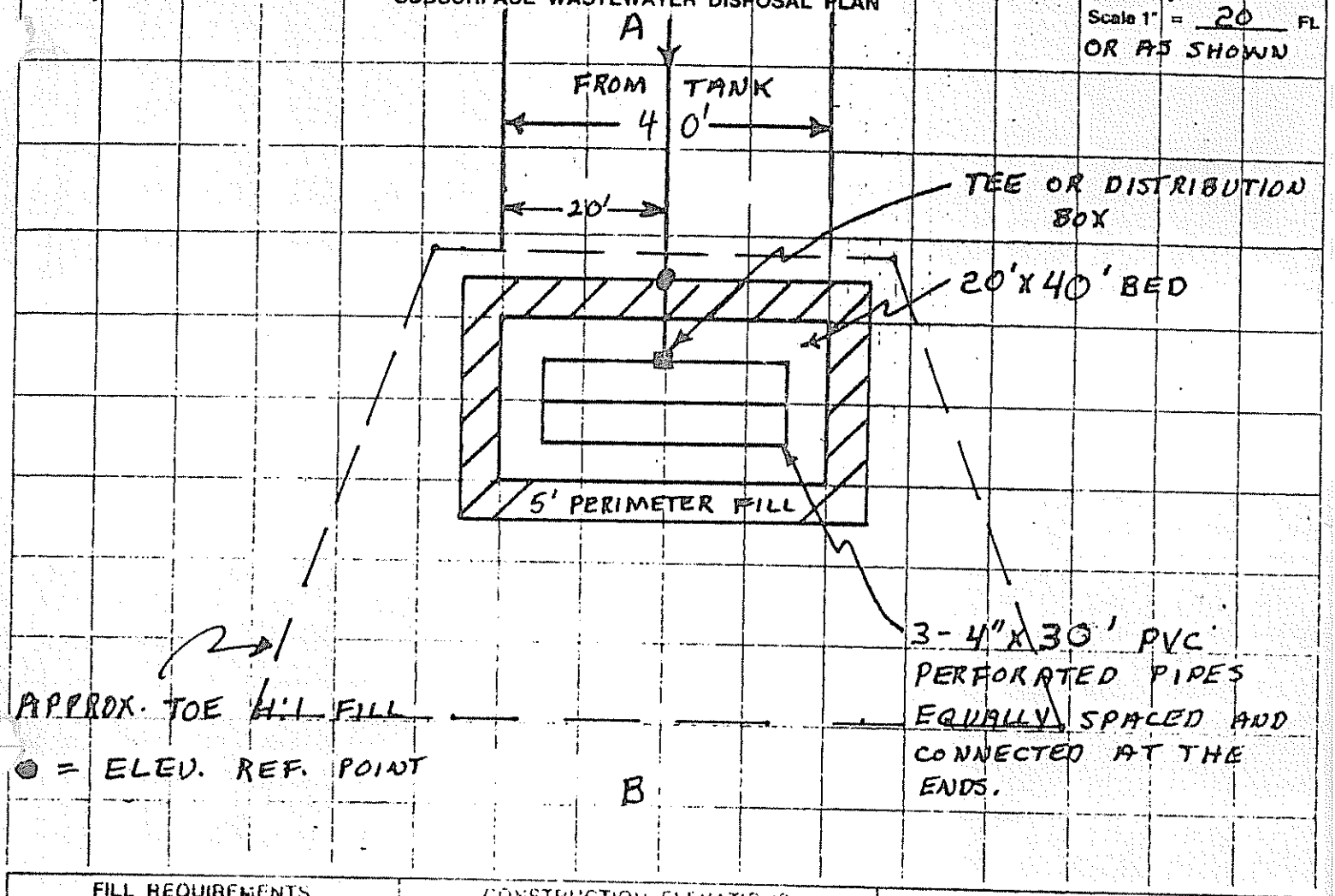
Town, City, Plantation: Augusta

Street, Road, Subdivision: Rt. 3

Owners Name: Roland McIntyre

SUBSURFACE WASTEWATER DISPOSAL PLAN

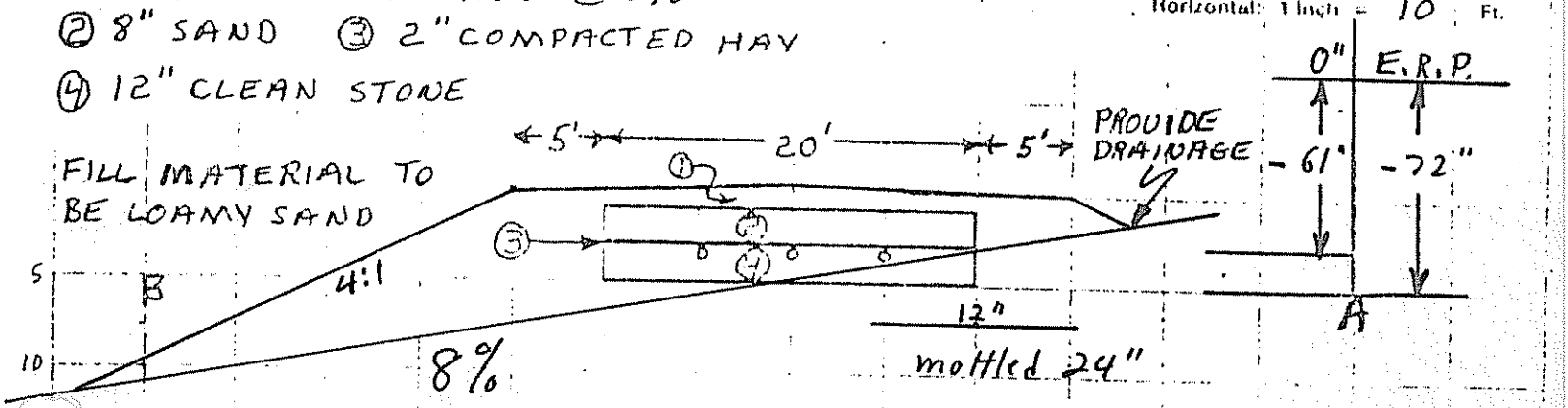
Scale 1" = 20 FL OR AS SHOWN



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	12	Reference Elevation is	0"	nail in 6" birch tree
Depth of Fill (Downslope)	42"	Bottom of Disposal Area	-72"	
		Top of Distribution Lines or Chambers	-61"	

DISPOSAL AREA CROSS SECTION

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



Warren W Richmond

Site Evaluator or Professional Engineer's Signature

#51

8/31/83

Date

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