Hold until Parcel 3 Land is cleared. OK

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

M7L81

AUGUSTA PERMIT # 252 TOWN COPY

Date Permit Issued: 6 25 84 $ 40 FEE ☐ If Double Fee Charged

Robert St Pierre L.P.I. # 1617

Local Plumbing Inspector Signature

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Subdivision Lot #	Rt. 3 N. Belfast Ave.

PROPERTY OWNERS NAME

Last: Murphy First: Medly

Applicant Name: Medly Murphy

Mailing Address of Owner/Applicant (If Different)

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.

Medly A. Murphy 6/25/84
Signature of Owner/Applicant Date

North Belfast Ave
Augusta, ME 04330

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules

Richard D. Gray 9/18/84
Local Plumbing Inspector Signature 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. [ ] NOT REQUIRED
2. [X] MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
3. [ ] REQUIRED

DOSE: 50 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: 16

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.

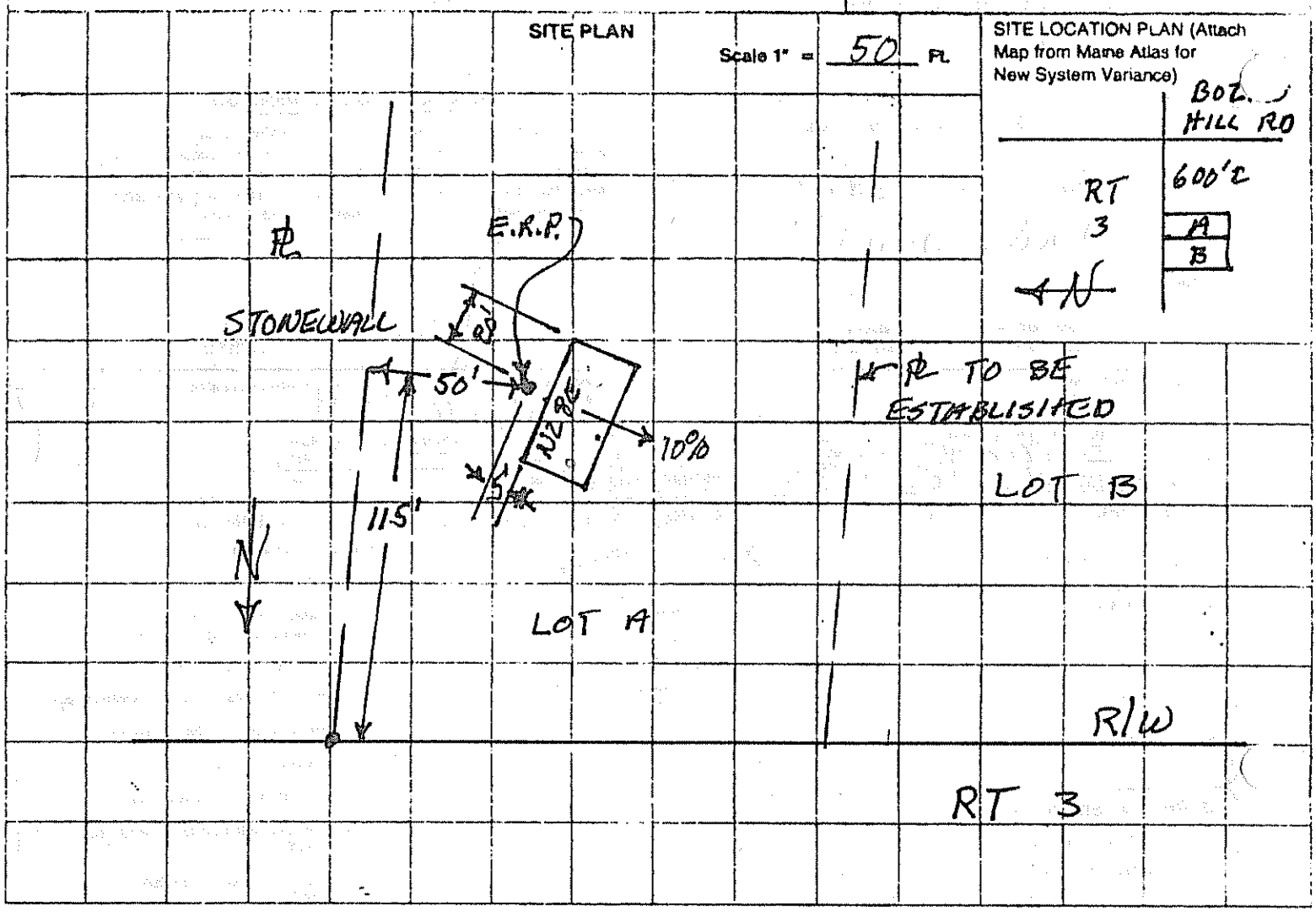
Alan W. Robinson #51 8/31/83
Site Evaluator or Professional Engineer's Signature SE# · PE# Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION — Division of Health Engineering

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

SITE PLAN — Scale 1" = 50 Ft.



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

Observation Hole 1 ☐ Test Pit ☒ Boring

+1 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	S.L.	Friable	B	
10–30		Firm	G.B.	16+

Soil (Profile)	Classification (Condition)	Slope	Limiting Factor
3	C	10 %	16 ☒ 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

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM LOCATION

Division of Health Engineering

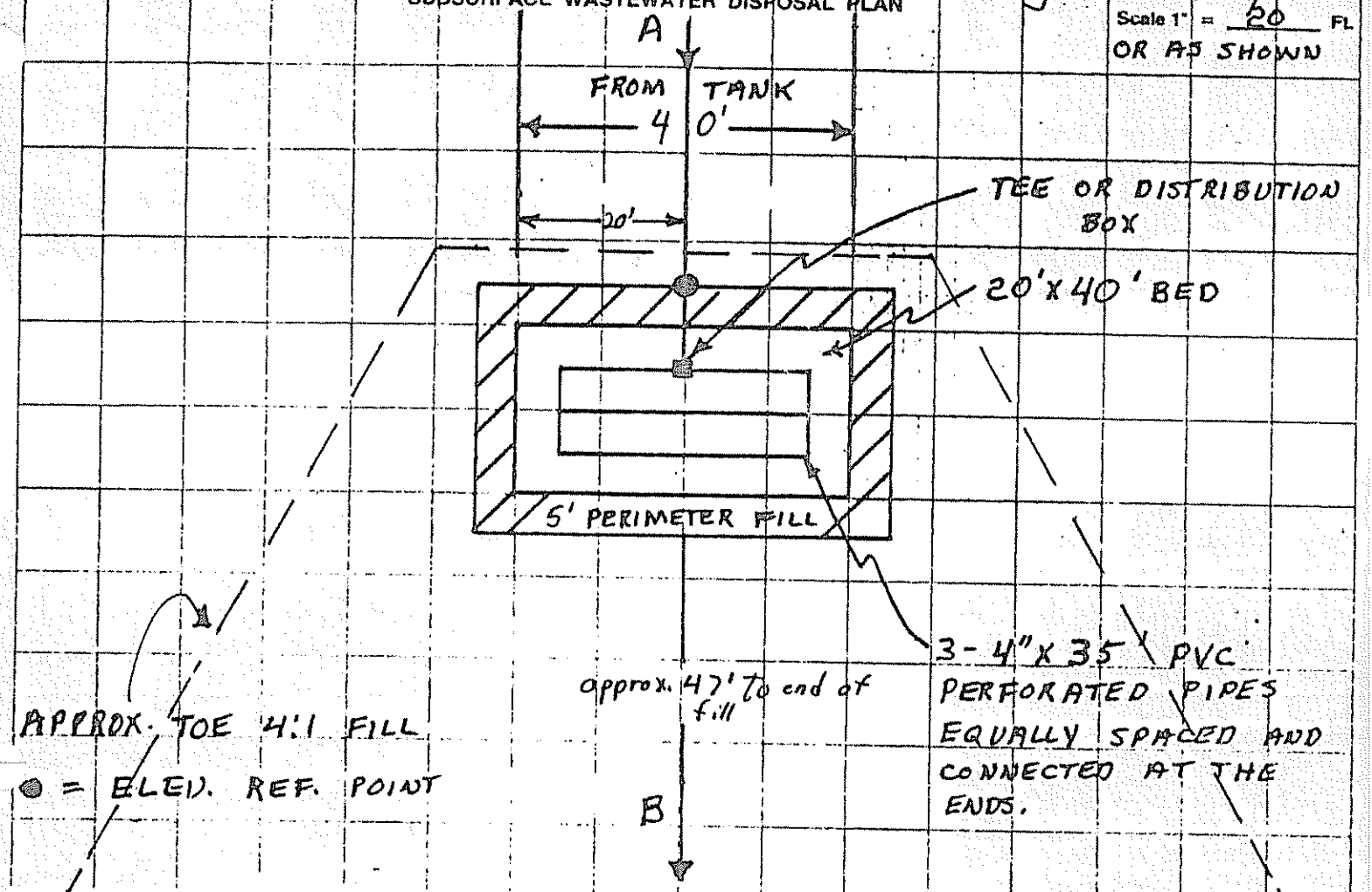
Town, City, Plantation: Augusta

Street, Road, Subdivision: Rt. 3

Owners Name: Medley Murphy

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 FL. OR AS SHOWN



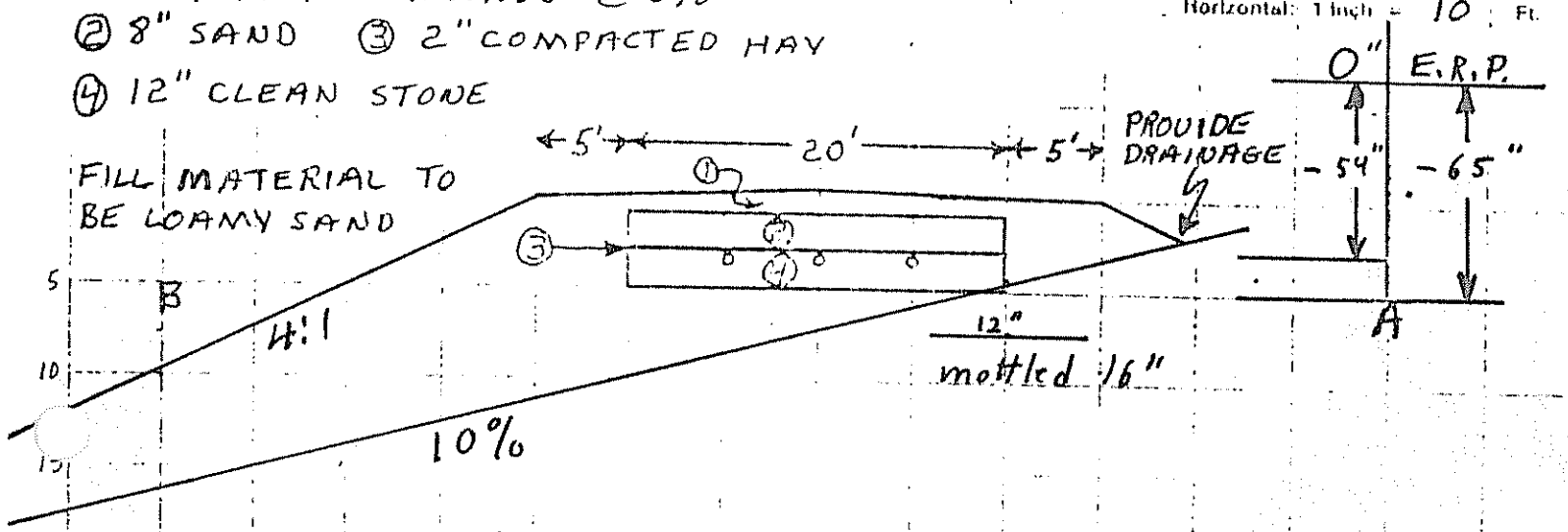
FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	20	Reference Elevation is	0"	nail in 3" birch tree
Depth of Fill (Downslope)	65±	Bottom of Disposal Area	-65"	
		Top of Distribution Lines or Chambers	-54"	

DISPOSAL AREA CROSS SECTION

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

① 3" TOPSOIL CROWNED @ 3%
② 8" SAND ③ 2" COMPACTED HAY
④ 12" CLEAN STONE

FILL MATERIAL TO BE LOAMY SAND



Wm W Richard

Site Evaluator or Professional Engineer's Signature

#51

8/31/83

Date

Page 3 of 3

Revised within test pit area For Permit Number 252

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Subdivision Lot #	RT 3

PROPERTY OWNERS NAME

Last: MURPHY First: MEDLEY

Applicant Name	
Mailing Address of Owner/Applicant (If Different)	R-7 B-167C AUGUSTA, ME 04330

Revised 9/26/84

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

SAME disposal area

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.

Medley A Murphy — 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

within same TP area — Local Plumbing Inspector Signature — Date/Approved 10/5/84

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 Ac

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 1000 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 16

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.

Site Evaluator or Professional Engineer's Signature — SE# - PE# #51 — Date 9/19/84

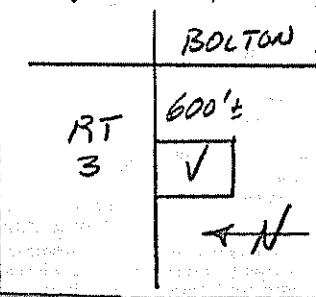
* Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Option

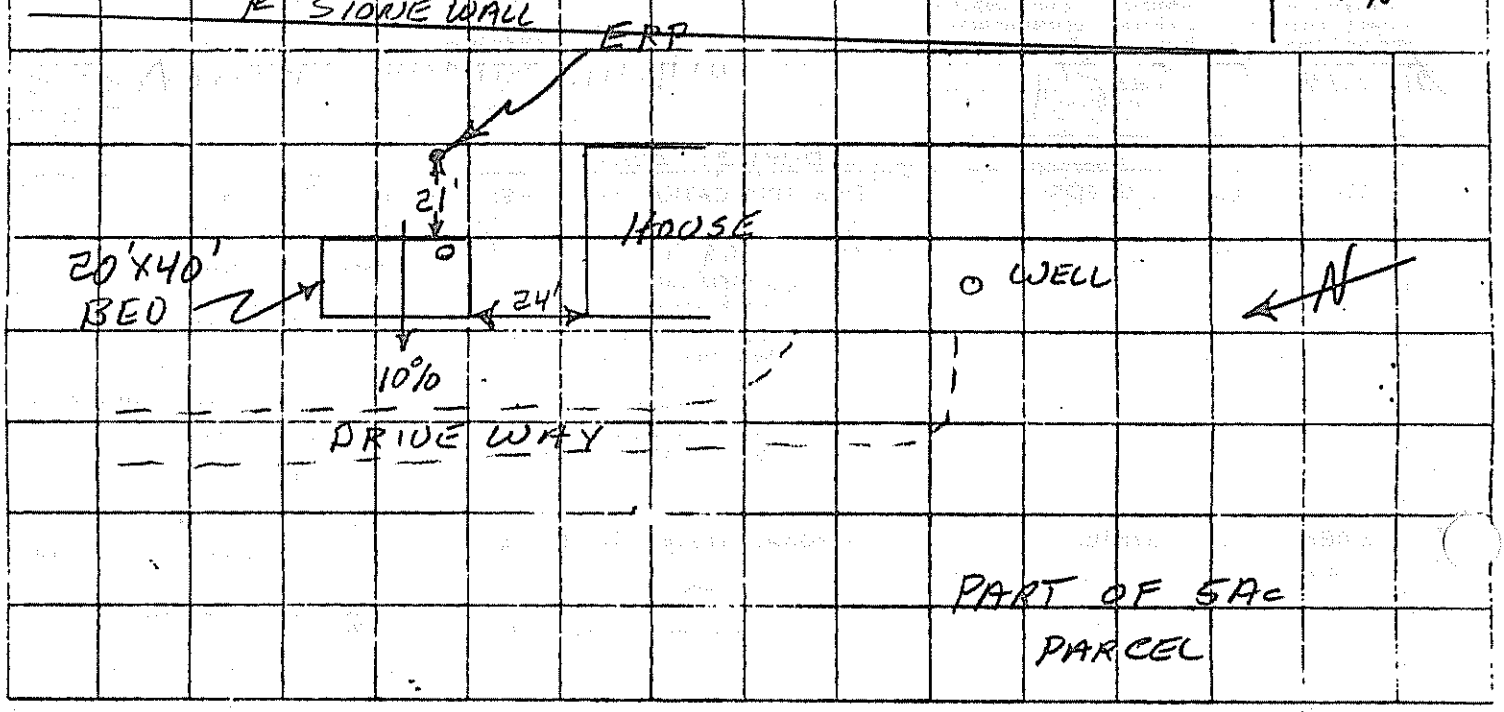
Town, City, Plantation | Street, Road, Subdivision | Owners Name

SITE PLAN

Scale 1" = 50 FT.

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





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

Observation Hole 1 ☐ Test Pit ☒ Boring

+1 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling
SiL.	FRIABLE	B	
			16
	FIRM	G.B	

Soil	Classification	Slope	Limiting Factor
3	C	10 %	16 ☒ 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

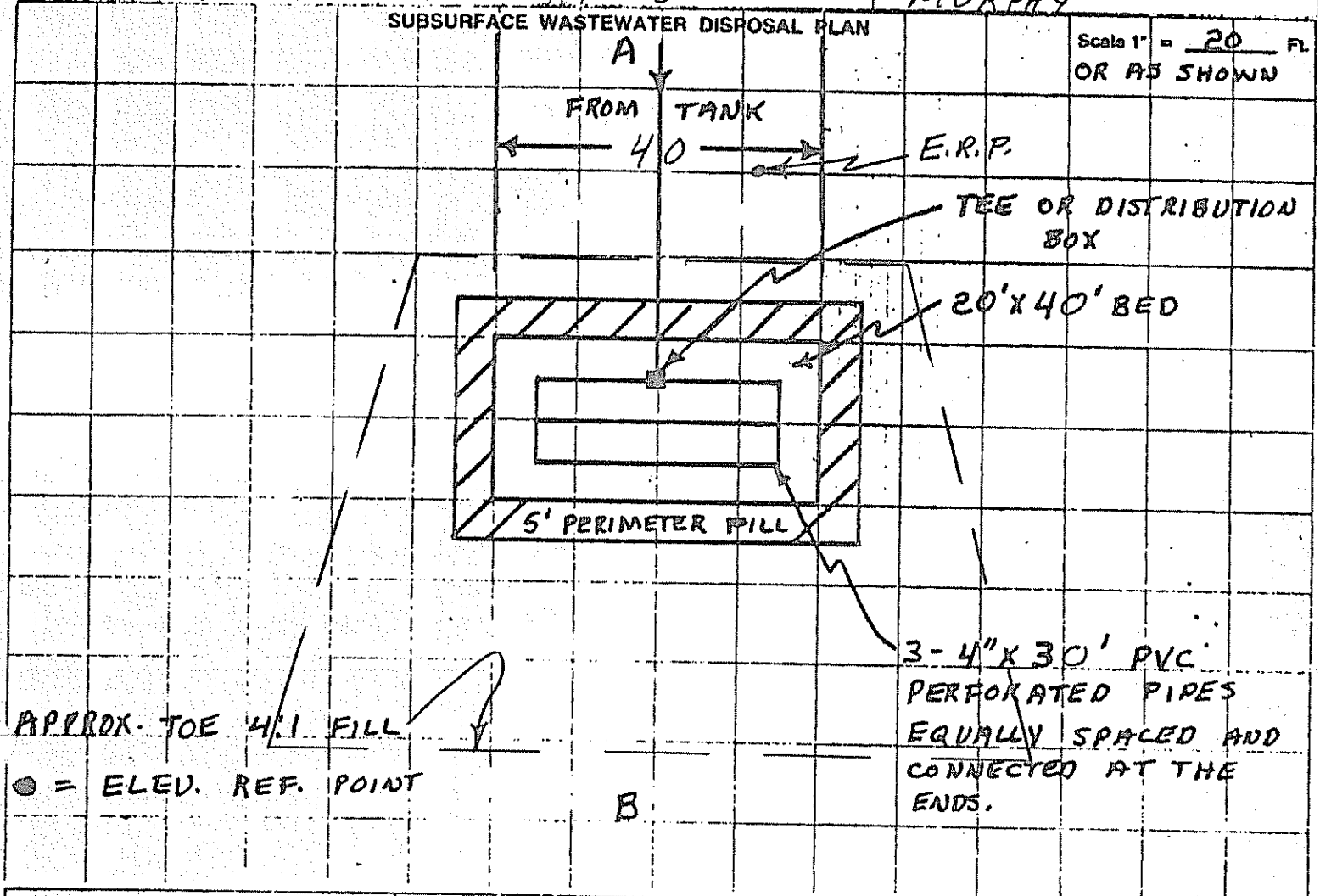
Soil	Classification	Slope	Limiting Factor
		%	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

[signature] #51 9/19/84

SUBSURFACE WASTEWATER DISPOSAL SYSTEM ELEVATION

Division of Health Engineering

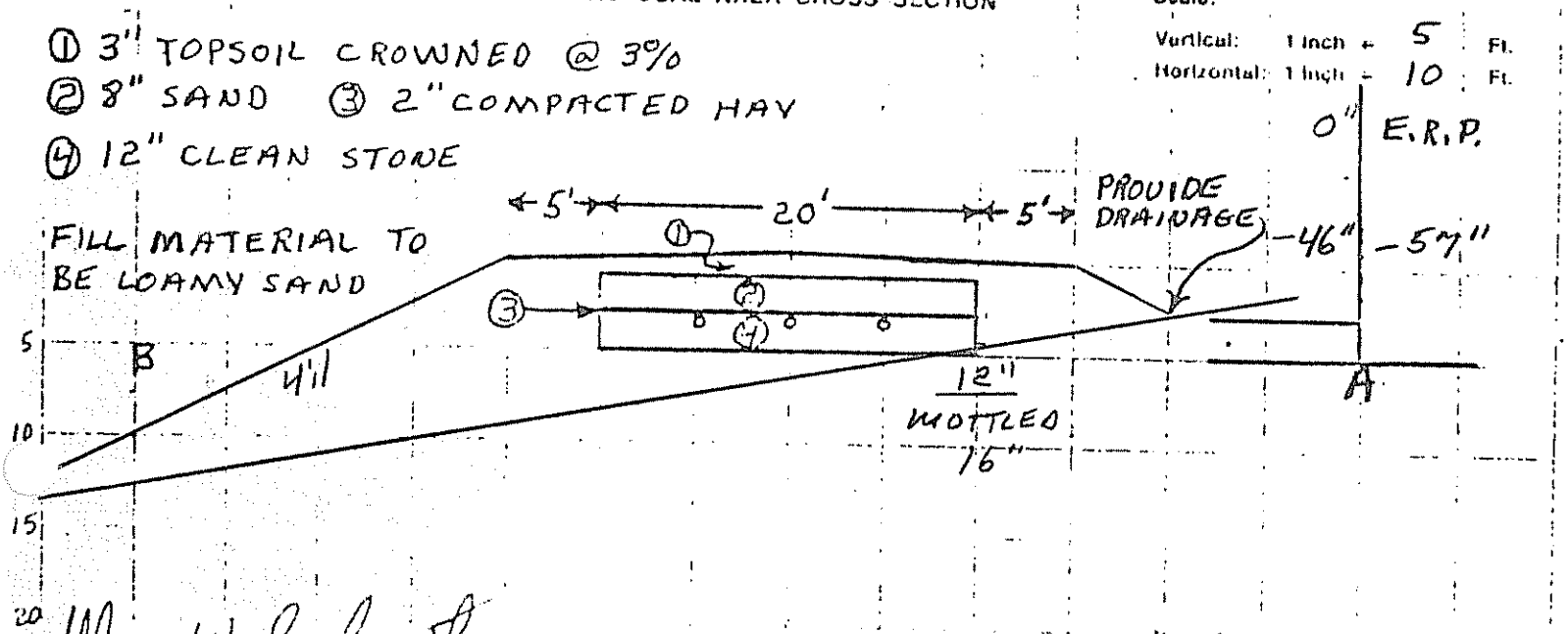
Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	RT 3	MURPHY



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	20	Reference Elevation is	0	
Depth of Fill (Downslope)	48±	Bottom of Disposal Area	-57"	NAIL IN TREE
		Top of Distribution Lines in Chambers	-46"	

DISPOSAL AREA CROSS SECTION

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



Wm W Redmond #51 9/19/84

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
(207) 289-3826

Revised 9/24/84

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Subdivision Lot #	RT 3

PROPERTY OWNERS NAME

Last: MURPHY First: MEDLEY

Applicant Name	
Mailing Address of Owner/Applicant (If Different)	R-7 B-167C AUGUSTA, ME 04330

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

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.

Medley G. Murphy

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

Local Plumbing Inspector Signature — 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 Ac

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 1000 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 16

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.

Allen W. Richards — #51 — 9/19/84

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

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

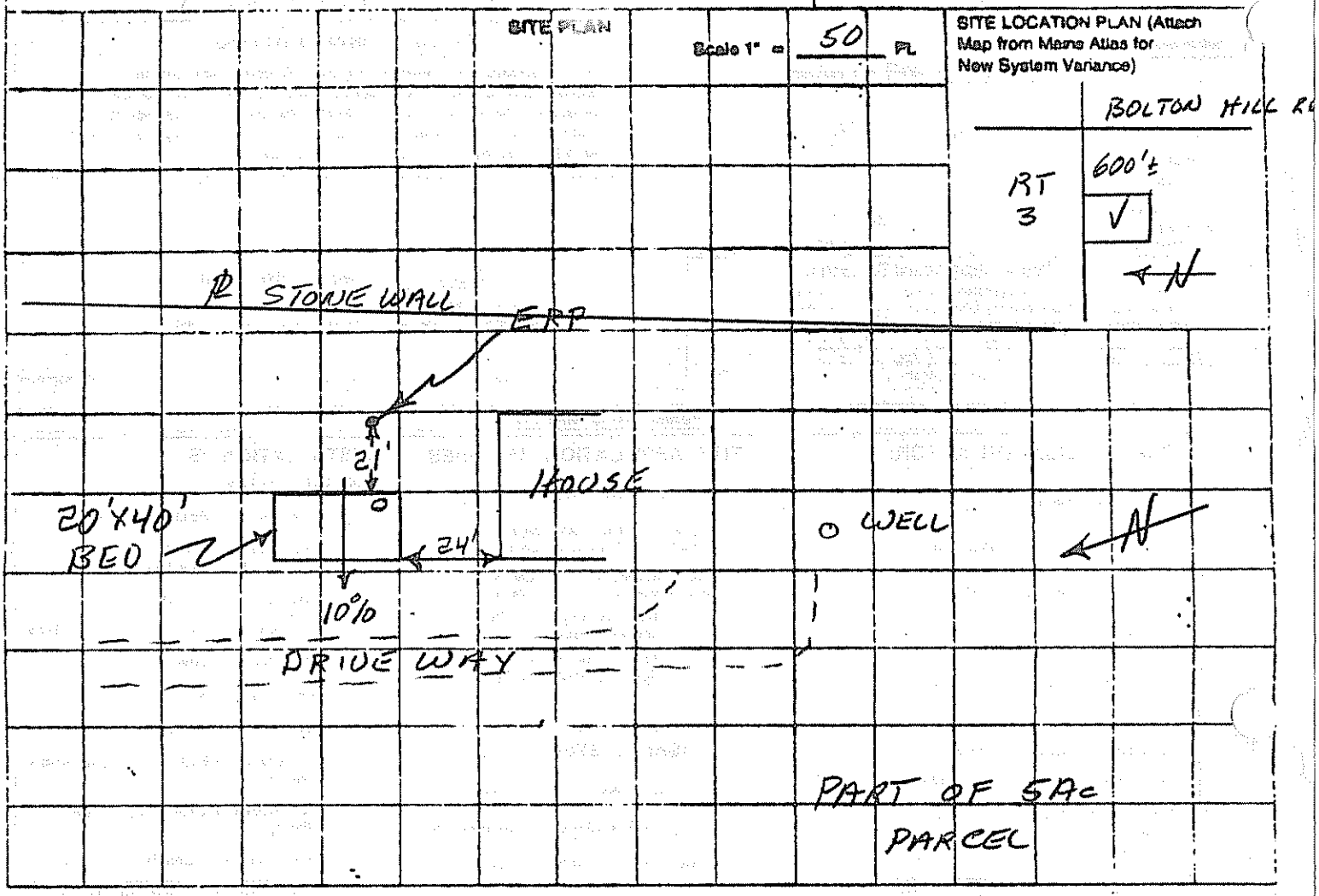
HHE - 200 Rev. 4/83

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

SITE PLAN

Scale 1" = 50 FL

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



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

Observation Hole 1 ☐ Test Pit ☒ Boring

+1 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–16	SiL	FRIABLE	B	
16–80		FIRM	G.B	

Soil	Classification	Slope	Limiting Factor
3	C	10 %	16 ☒ 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
0–80				

Soil	Classification	Slope	Limiting Factor
			☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

[signature] #51 9/19/84

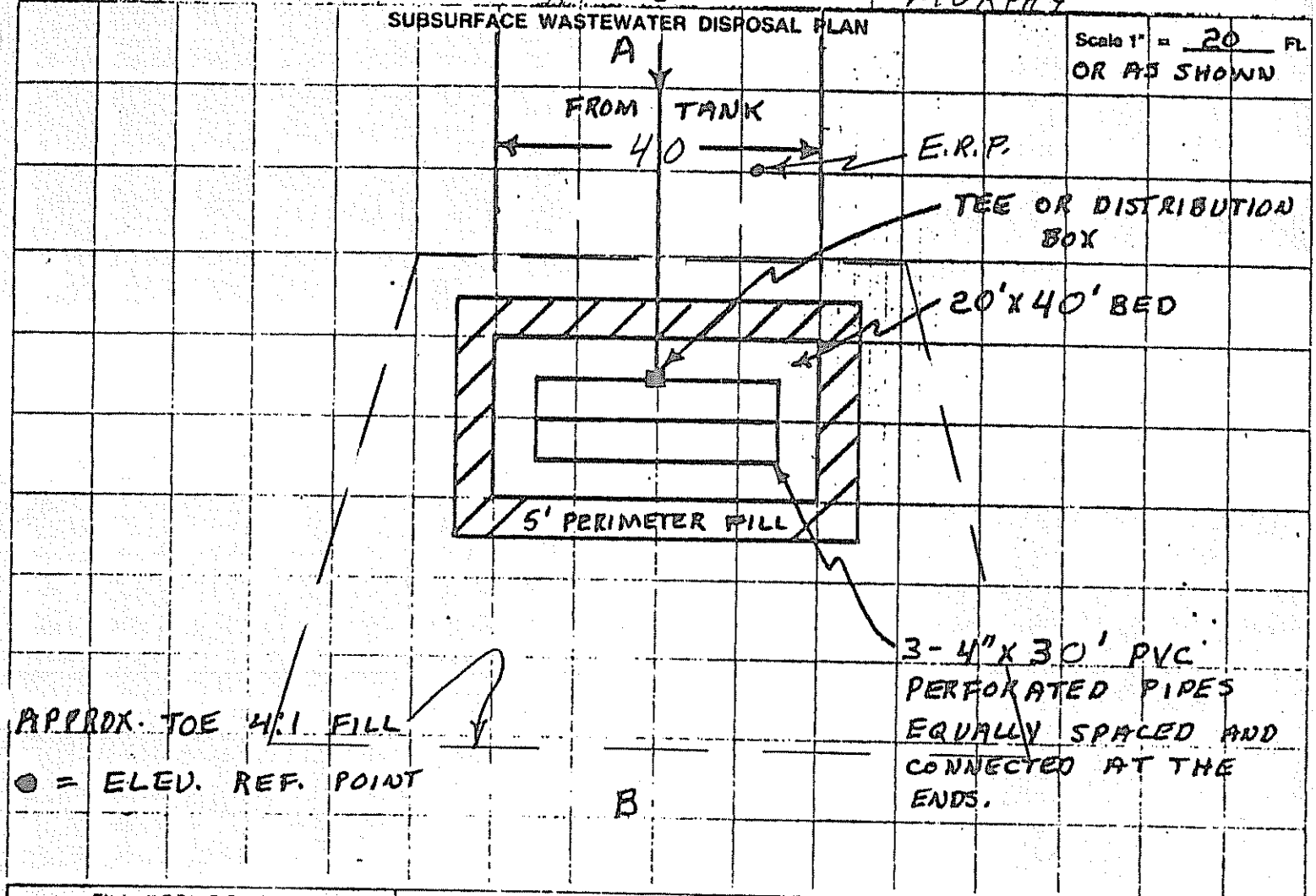
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	RT 3	MURPHY

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 FT. OR AS SHOWN



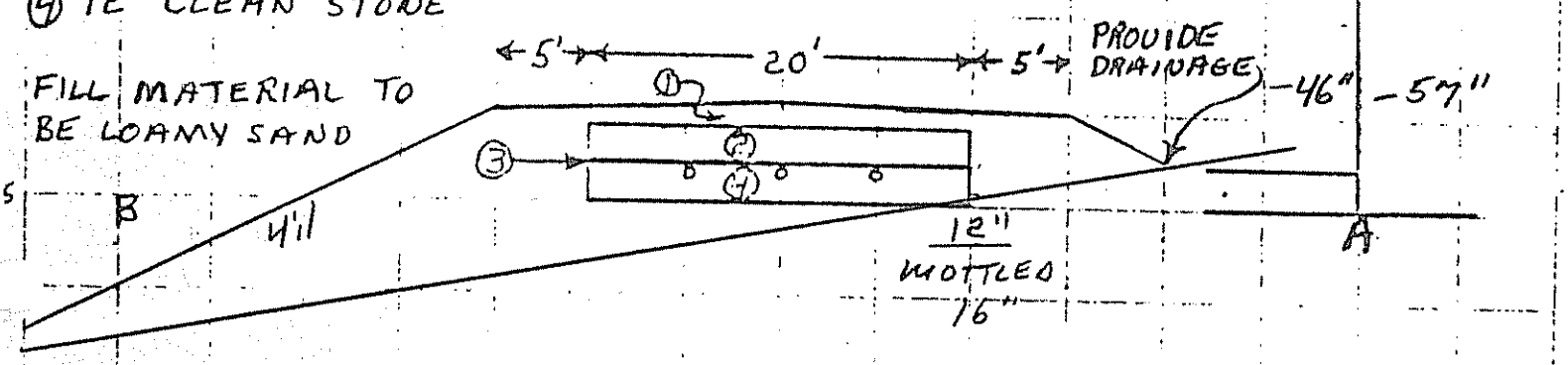
FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	20"	Referenced Elevation is	0	NAIL IN TREE
Depth of Fill (Downslope)	48±	Bottom of Disposal Area	-57"	
		Top of Distribution Lines or Chambers	-46"	

DISPOSAL AREA CROSS SECTION

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

① 3" TOPSOIL CROWNED @ 3%
② 8" SAND ③ 2" COMPACTED HAY
④ 12" CLEAN STONE

FILL MATERIAL TO BE LOAMY SAND



Wm W Richard

#51

9/19/84