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 #	LAMBERT AVE.

PROPERTY OWNERS NAME

Last: FRACE First: CAROL

Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	RFD #7 Box 163 AUGUSTA, ME. 04330

7-110

AUGUSTA PERMIT # 799 TOWN COPY

Date Permit Issued: 7/22/86 $ 1310 FEE ☐ If Double Fee Charged

Robert B St Pierre L.P.I. # 16167

Local Plumbing Inspector Signature

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 — 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 8/29/86

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. ☐ 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 1970±

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
20,000±#	RURAL - RES.

TYPE OF WATER SUPPLY

DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

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

EXISTING

SIZE: 1000 GALS.

WATER CONSERVATION

1. ☒ NONE
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.)

2 BEDROOMS

MIN. PER CODE

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
2	A

DEPTH TO LIMITING FACTOR: 15-24.

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

1. ☒ BED 800 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: 180 G.P.D. (GALLONS/DAY)

SITE EVALUATOR STATEMENT

☐ SITE EVALUATION WAIVED BY LOCAL OPTION

On 5/6/86 (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 — Date 5/8/86

STATE OF MAINE PAUL E. BEERS NO. 56 LICENSED SOIL EVALUATOR

SE#

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

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Department of Human Services
Division of Health Engineering

Town, City, Plantation: AUGUSTA

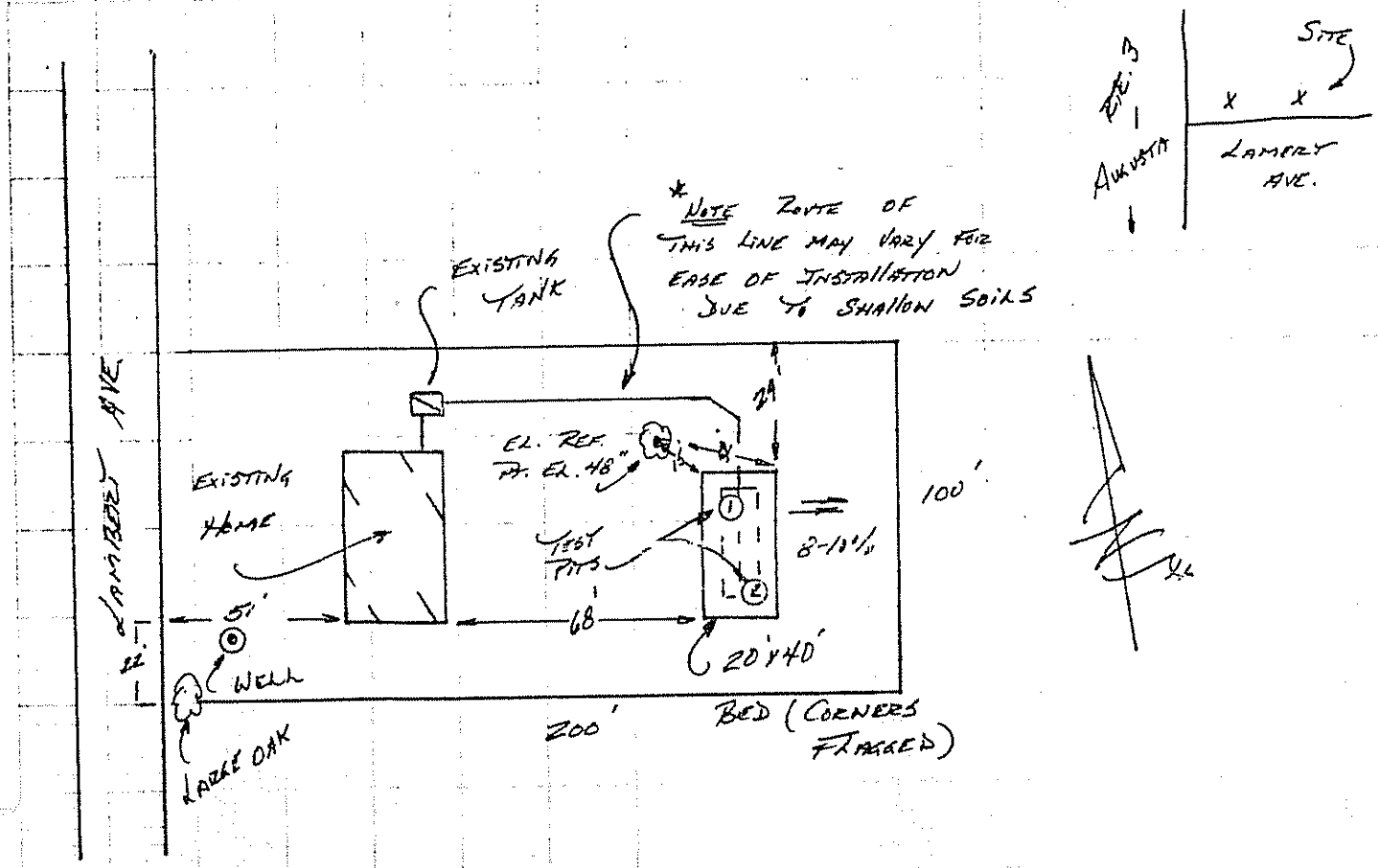
Street, Road, Subdivision: LAMBERT AVE.

Owners Name: CAROL FRACE

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
0–6	Fine Sandy Loam	Friable	Dk Brown	
6–15			Reddish Brown	N/E
15–20				
20–50	Bedrock			

Soil	Classification	Slope	Limiting Factor
2 (Profile)	A (Condition)	8-10 %	24" ☐ Ground Water ☐ Restrictive Layer ☒ Bedrock

Observation Hole 2 ☒ Test Pit ☐ Boring

1 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	Fine Sandy Loam	Friable	Yl Brown	
6–15			Reddish Brown	N/E
15–20				
20–50	Bedrock			

Soil	Classification	Slope	Limiting Factor
2 (Profile)	A (Condition)	8-10 %	15" ☐ Ground Water ☐ Restrictive Layer ☒ Bedrock

Paul G. Beers
Site Evaluator Signature

#36
SE#

5/8/86
Date

HHE-200 Rev. 1/84

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Division of Health Engineering

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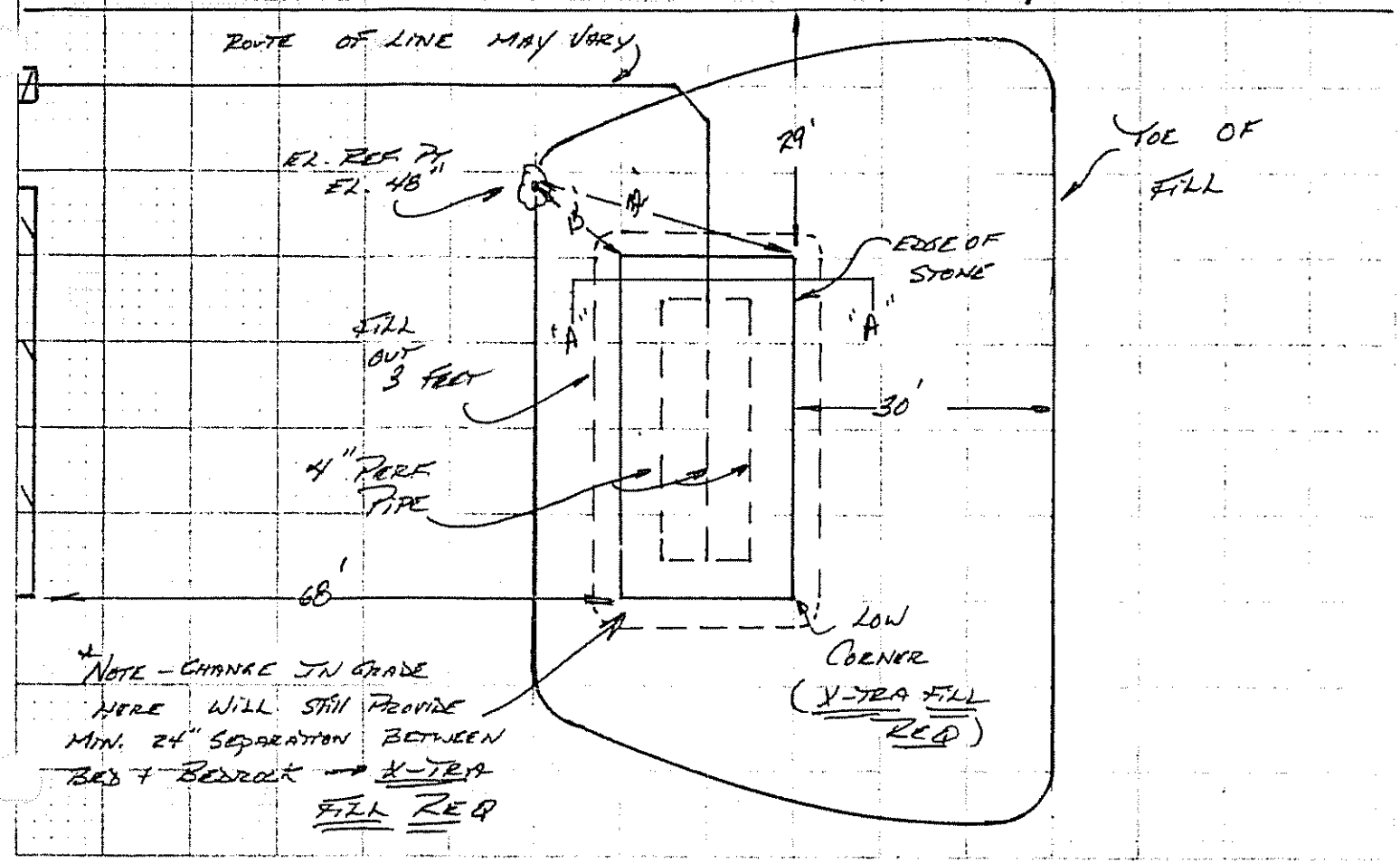
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	24-36"	Reference Elevation is	48"	NAIL IN TREE
Depth of Fill (Downslope)	44-50"	Bottom of Disposal Area	0"	48" ABOVE BOTTOM OF BED
	VARIES W/SLOPE	Top of Distribution Lines ~~or Chambers~~	11"	

DISPOSAL AREA CROSS SECTION

{SEE ATTACHED SHEET FOR X-SECTION}

Scale:

Vertical: 1 Inch = Ft.

Horizontal: 1 Inch = Ft.

INSTALLATION NOTES

- REMOVE ORGANIC PAD BENEATH BED + FILL EXT.
- DIVERT SURFACE WATER AWAY FROM SYSTEM.
- STABILIZE SYSTEM BY SEED + MULCH.

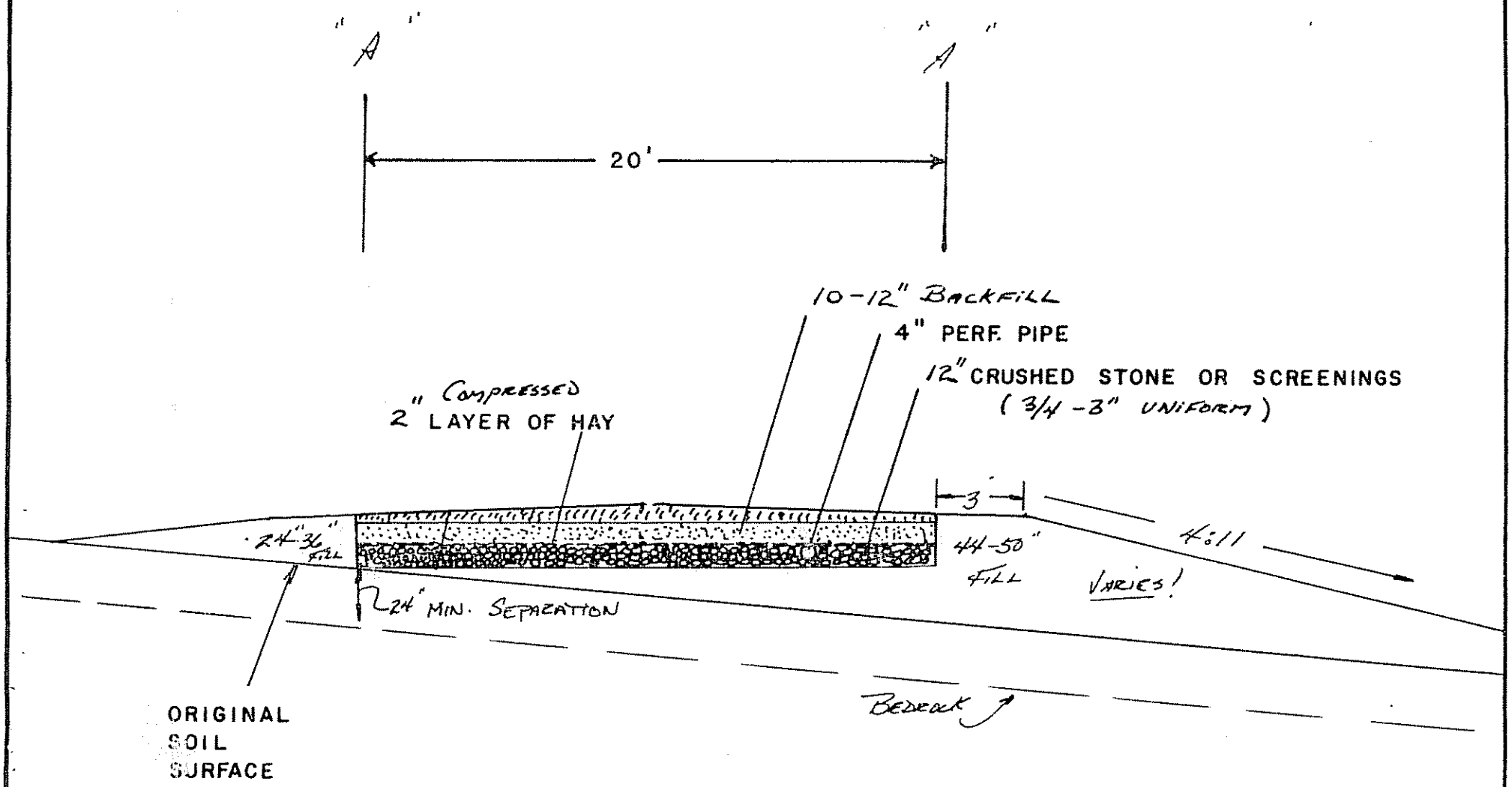
FURTHER NOTE TO INSTALLER — VISIT SITE FOR BETTER VIEW OF INSTALLATION → FILL DEPTHS VARY W/SLOPE

Paul A. Burd — Site Evaluator Signature

#36 — SE#

5/8/86 — Date

HHE-200 Rev. 1/84



% SLOPE 8-10%

DIRECTION OF SLOPE →

PAUL A. BEERS SOILS CONSULTANT		
DATE 5/8/86	DRAWN BY BEERS	APPROVED BY
SCALE 1" = 5'	REVISED	
CROSS SECTION = BED SYSTEM		
NAME CAROL FRACE		DRAWING NUMBER ATTACHMENT TO: HHE [illegible]00
TOWN AUGUSTA		