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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street 36 / Subdivision Lot #	PENNMARIC ROAD CASHELMARA SUBDIVISION LOT #5

PROPERTY OWNERS NAME

Last: LOTHRIDGE First: ALVIN

Applicant Name:	Patricia J. GAY
Mailing Address of Owner/Applicant (If Different)	RFD 7 BOX 1360 AUGUSTA ME 04330

AUGUSTA Subsurface Permit No. 3252 TOWN COPY

Date Permit Issued 6/15/95 $ 60 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 850

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.

Patricia J. Gay 5/26/95

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 9/13/95 Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:
1. ☒ NEW SYSTEM
2. ☐ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ EXPERIMENTAL SYSTEM

SEASONAL CONVERSION
to be completed by the LPI
5. ☐ SYSTEM COMPLIES WITH RULES
6. ☐ CONNECTED TO SANITARY SEWER
7. ☐ SYSTEM INSTALLED – P# _____
☐ SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED _____
THE FAILING SYSTEM IS:
1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

THIS APPLICATION REQUIRES:
1. ☒ NO RULE VARIANCE
2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form
3. ☐ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
a. ☐ Requiring Local Plumbing Inspector Approval
b. ☐ Requires State and Local Plumbing Inspector Approval
4. ☐ MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:
1. ☒ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

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 _____ GAL
6. ☐ ALTERNATIVE TOILET (ONLY)
7. ☐ NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

SIZE OF PROPERTY	ZONING	TYPE OF WATER SUPPLY
34,377 ft² ±	RURAL RESIDENTIAL	PROPOSED DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☒ SEPTIC: ☒ Regular OR ☒ Low Profile
2. ☐ AEROBIC
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.)
TWO BEDROOM SINGLE FAMILY DWELLING

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 26.

SIZE RATINGS USED FOR DESIGN PURPOSES
1. ☐ SMALL
2. ☐ MEDIUM
3. ☒ MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

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

DESIGN FLOW: 180 (GALLONS/DAY)

SITE EVALUATOR STATEMENT – DESIGN SUBJECT TO LOCAL, STATE AND FEDERAL ORDINANCES.

On 5-22-95 (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 168 SE# 5-24-95 Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

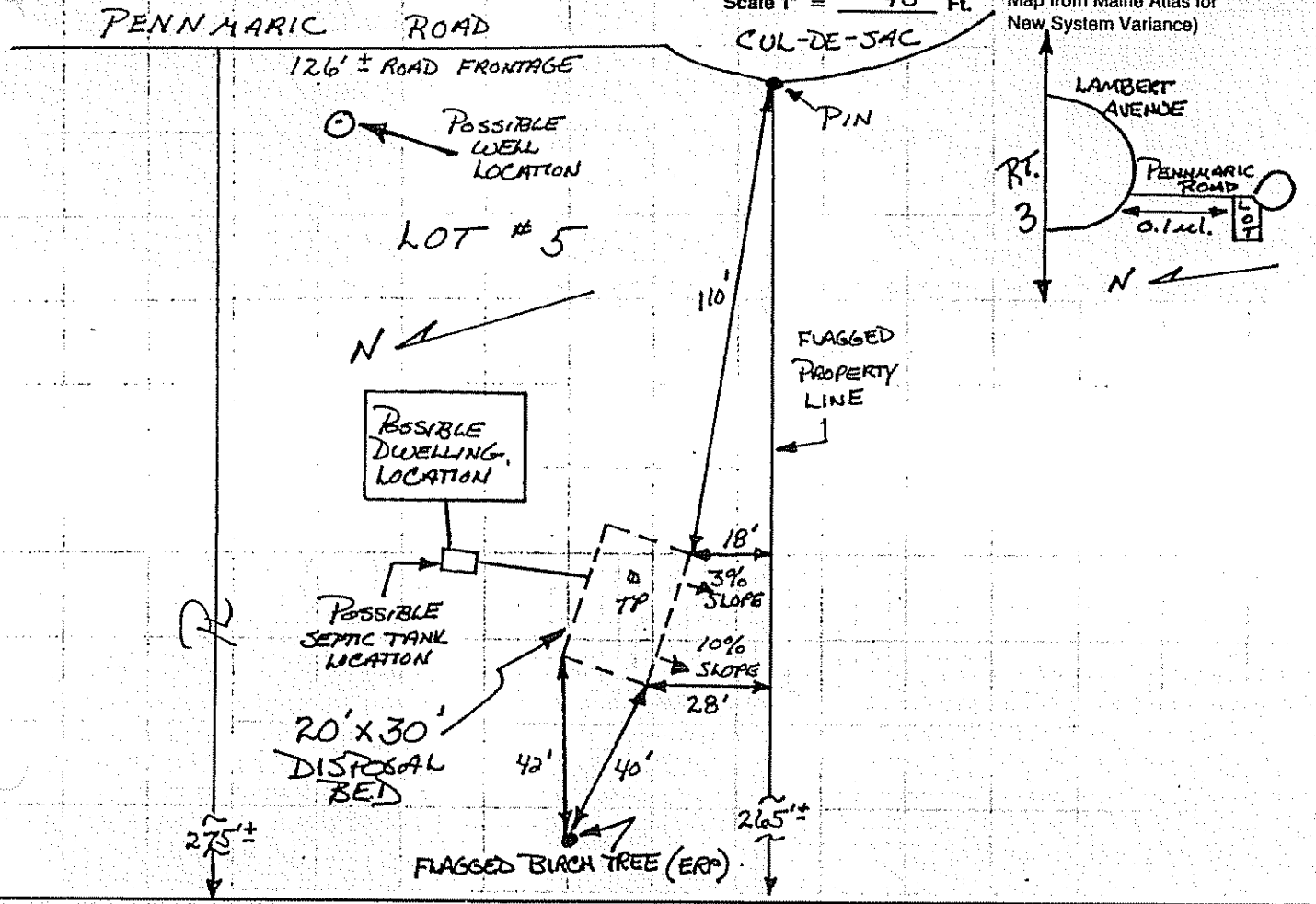
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: PENNMARIC ROAD CASHELMARA SUBDIVISION LOT #5
Owners Name: ALVIN LOTHRIDGE

SITE PLAN

Scale 1" = 40 Ft.



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

Observation Hole TP 1 ☒ Test Pit ☐ Boring

ONE " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling
		BROWN	
BOULDERY SANDY LOAM	FRIABLE	ORANGE BROWN / YELLOW BROWN	
BOULDERY LOAMY SAND	FIRM	OLIVE	COMMON DISTINCT

Soil (Profile)	Classification (Condition)	Slope	Limiting Factor	
3	C	3 TO 10 %	26"	☒ 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

Site Evaluator Signature

SE# 168

Date 5-24-95

HHE-200 Rev. 1/84

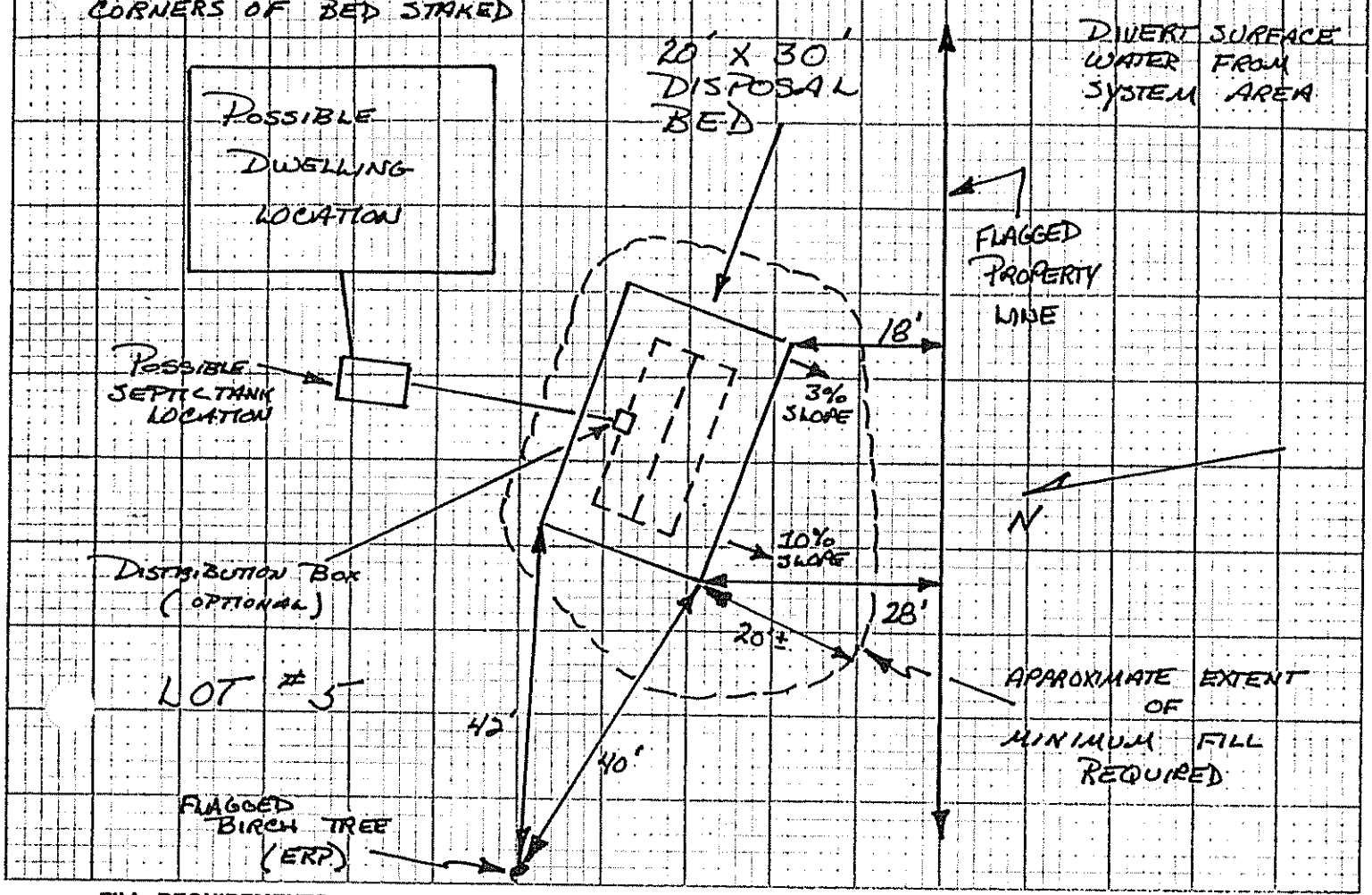
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	PENNMARIC ROAD CASHELMARA SUBDIVISION LOT #5	ALVIN LOTHRIDGE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 FL



FILL REQUIREMENTS

Depth of Fill (Upslope) 10"

Depth of Fill (Downslope) 16"± TO 34"±

CONSTRUCTION ELEVATIONS

Reference Elevation is 0

Bottom of Disposal Area -65"

Top of Distribution Lines ~~or Chambers~~ -54"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION (ERP)

FLAGGED NAIL IN FLAGGED BIRCH TREE 56" ABOVE EXISTING GRADE AT TREE

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = FL.

Horizontal: 1 inch = FL.

(SEE ATTACHED BED DIAGRAM)

Site Evaluator Signature

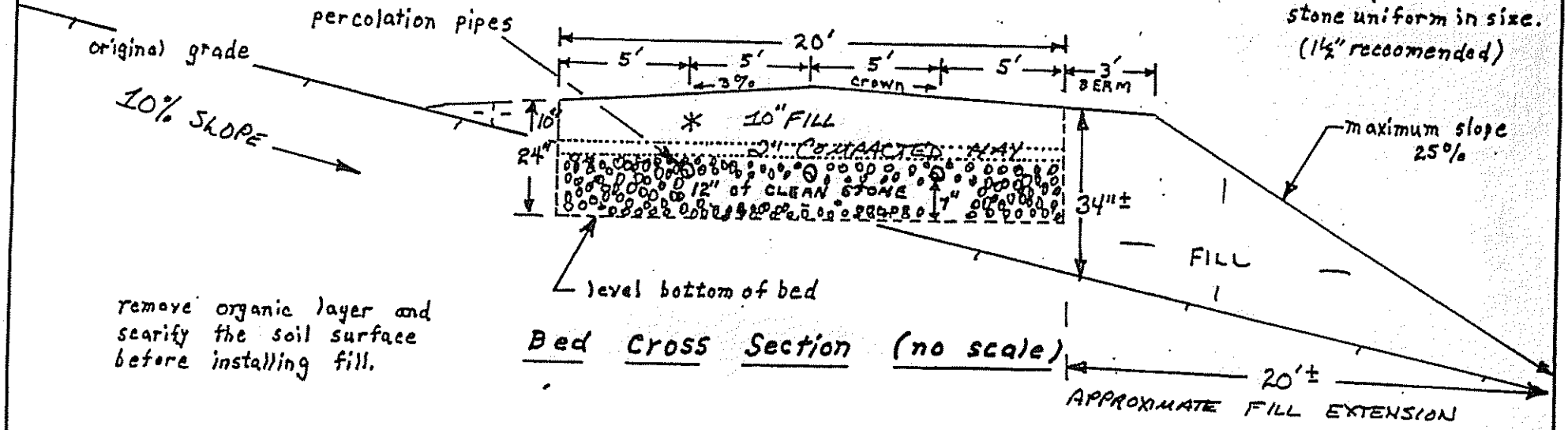
168
SE#

5-24-95
Date

SEWAGE DISPOSAL BED DETAILS

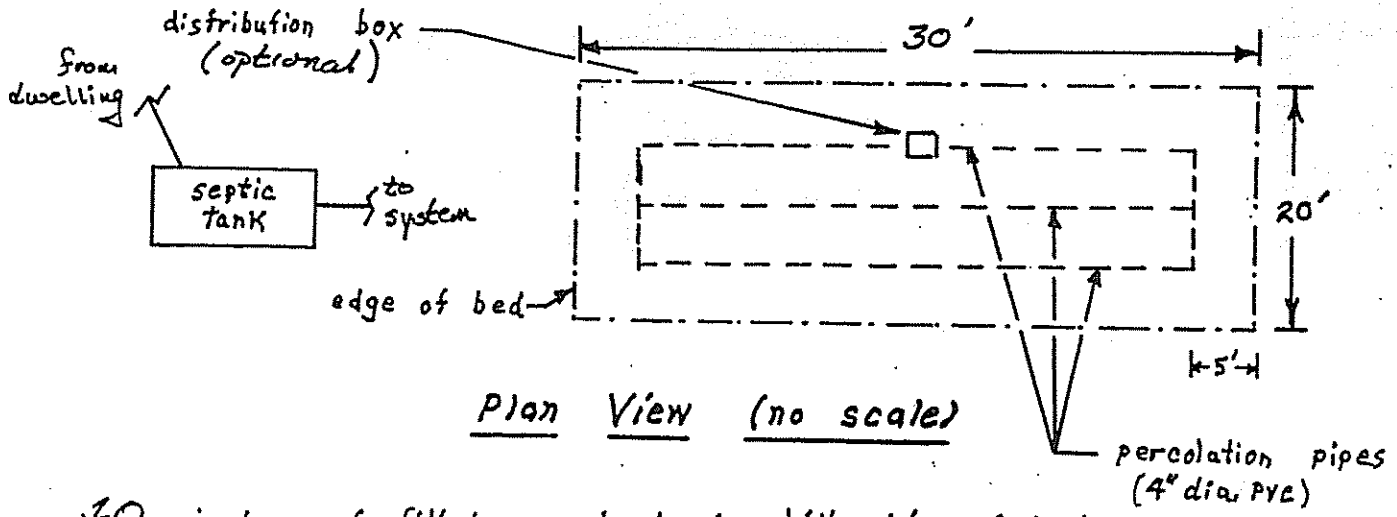
4" loam + mulch to c...

bed requires stone uniform in size. (1½" recommended)



remove organic layer and scarify the soil surface before installing fill.

Bed Cross Section (no scale)



Plan View (no scale)

NOTES

1.) 10 inches of fill is required at uphill side of bed.
2.) texture of fill shall be gravely coarse sand.
3.) refer to the MAINE STATE PLUMBING CODE, PART II (EFFECTIVE DATE: MAY 1, 1995) for further details regarding installation procedures. (MAINE SUBSURFACE WASTE WATER DISPOSAL RULES)

* HAY LAYER OVER STONE BED TO BE EFFECTIVE TIL DEC 1995, REPLACEMENT TO BE FILTER FABRIC WITH 12" FILL COVER

DR: ALVIN LOTHRIDGE

DATE: 5-24-85

DR: JOHN W. LORD, JR. SLE #168

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