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 #	Hayes Road

PROPERTY OWNERS NAME

Last: Carpenter First: C.D.

Applicant Name:	"
Mailing Address of Owner/Applicant (If Different)	P.O. Box 86 Windsor, Maine 04363

AUGUSTA 1861 TOWN COPY

Date Permit Issued: 5/24/90 $ 140.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 9018

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 5/2/90

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 7/11/90

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# _____
8. ☐ SYSTEM DESIGN RECORDED AND ATTACHED

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

SIZE OF PROPERTY	ZONING
2.01 Acres	Shoreland (partially)

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

TYPE OF WATER SUPPLY
Drilled Well Proposed

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☒ SEPTIC: ☒ Regular ☐ 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.)
3 Bedroom Minimum

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 23

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

DISPOSAL AREA TYPE/SIZE
1. ☒ BED 900 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: 270 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On April 18, 1990 (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 — SE# 179 — Date 4/24/90

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

7/11/90

Spoke with Don Witheral regarding the stone Mr. Tobey used in the construction of the septic bed. Mr. Tobey used 3/4" stone and there was a small percentage of stone which was less than 3/4". Mr. Witheral explained that because the soil was a 3-C he wouldn't have a problem approving the stone, provided the stone was clean and free of fines.
Mr. Witheral said if I felt comfortable with the stone he wouldn't have a problem.

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Department of Human Services
Division of Health Engineering

Town, City, Plantation: Augusta

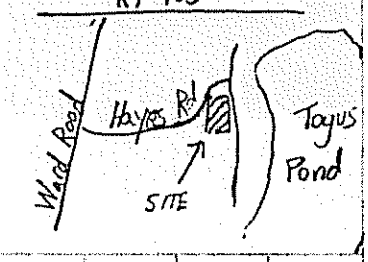
Street, Road, Subdivision: Hayes Road

Owners Name: C.D. Carpenter

SITE PLAN

Scale 1" = _____ Ft.

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



See Attached

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

Observation Hole _____ ☒ Test Pit ☐ Boring

2 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	Fine Sandy Loam	Friable	Dark Brown	
6–10			Red-Brown	
10–15				
15–20			Olive Brown	
20–30	Gravelly Sandy Loam	Firm		Few, faint
30–40		compacted		
40–50				

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	C (Condition)	2 %	23	☒ 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	Classification	Slope	Limiting Factor	
Profile	Condition	%		☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

Donald Mitchell
Site Evaluator Signature

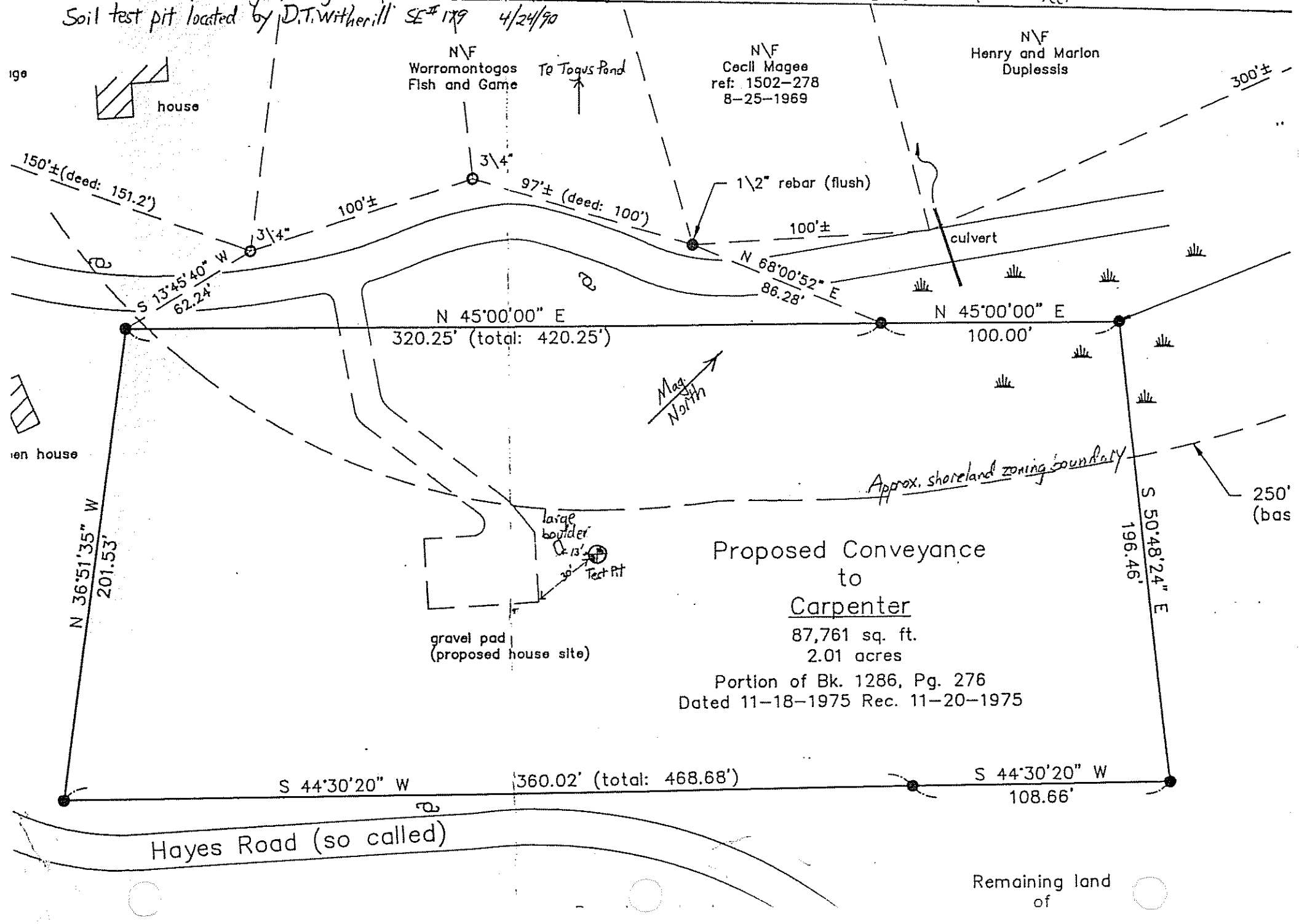
179
SE#

4/24/90
Date

HHE-200 Rev.1/84

From survey by George S. Fergusson, PLS #1294 March 1990 Scale 1 inch = 50 feet

Soil test pit located by D.T. Witherill SE #179 4/24/90



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Department of Human Services
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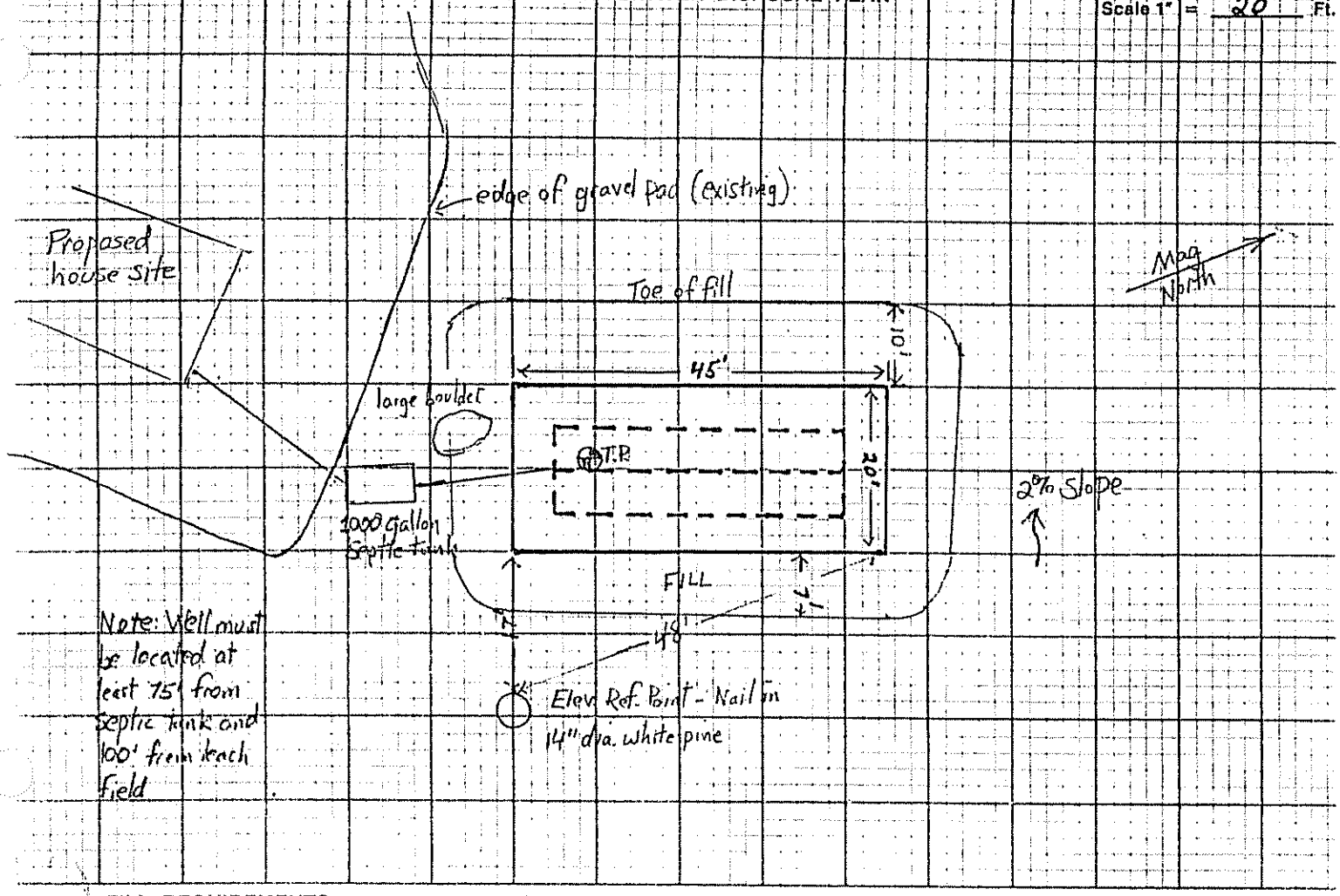
Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Hayes Road	C. D. Carpenter

SUBSURFACE WASTEWATER DISPOSAL PLAN

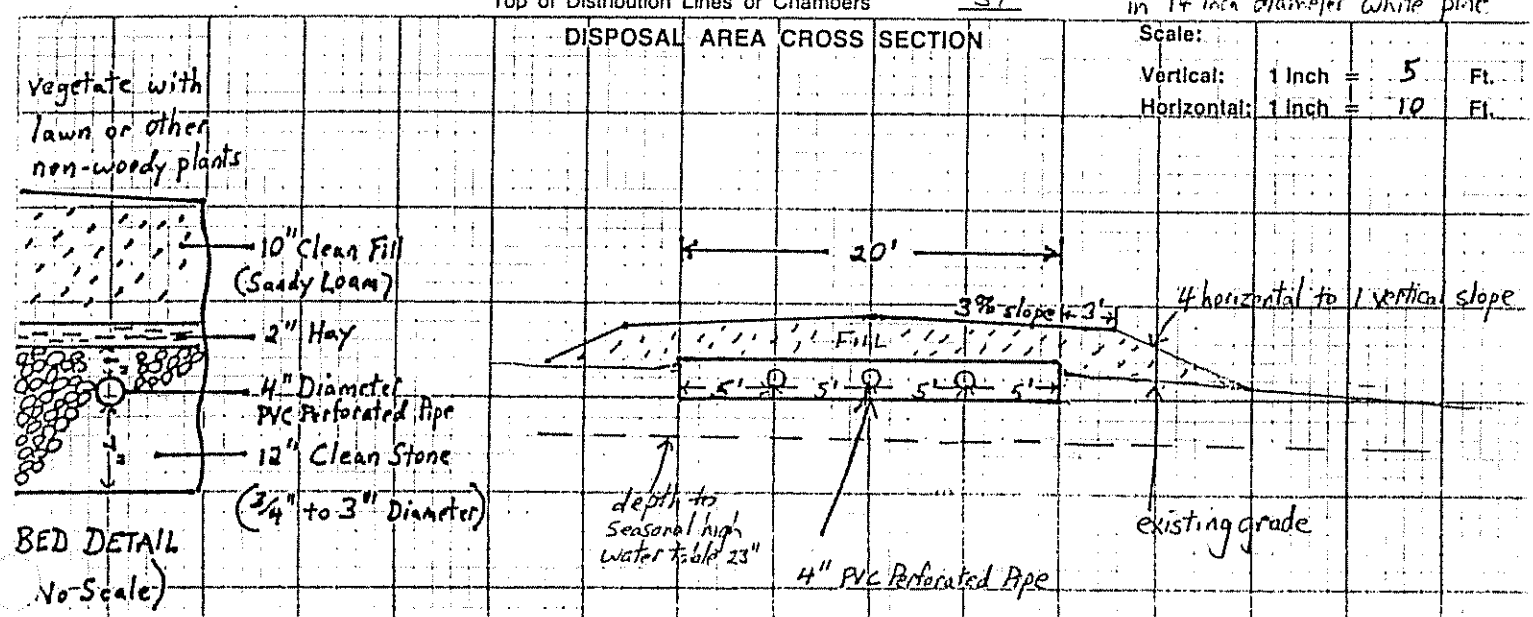
Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	13"	Reference Elevation Is	0"	Nail 44 inches high
Depth of Fill (Downslope)	20"	Bottom of Disposal Area	-48"	in 14 inch diameter white pine
		Top of Distribution Lines or Chambers	-37"	

DISPOSAL AREA CROSS SECTION

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



Site Evaluator Signature: [signature]

SE#: 179

Date: 4/24/90

HHE-200 Rev. 1/84