SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Phone - 623-9087
Work Phone 289-3755

8-SBC

AUGUSTA PERMIT # 1,321 TOWN COPY

Date Permit Issued: 5/16/88 $ 120.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 1808

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Subdivision Lot #	HAYDEN ROAD

PROPERTY OWNERS NAME

Last: LAWSON First: BARRY

Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	RFD #7 BOX 1338 AUGUSTA, ME. 04330

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.

Barry N. Lawson 5-16-88
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 8/2/88
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# _____
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
3 + ACRES	SHORELAND

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
DUG WELL TO BE AT LEAST 100' FROM SYSTEM

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: 52 GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)
3 BEDROOM RESIDENTIAL

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 18

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 5/4/88 (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 132 SE# 5-9-88 Date

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

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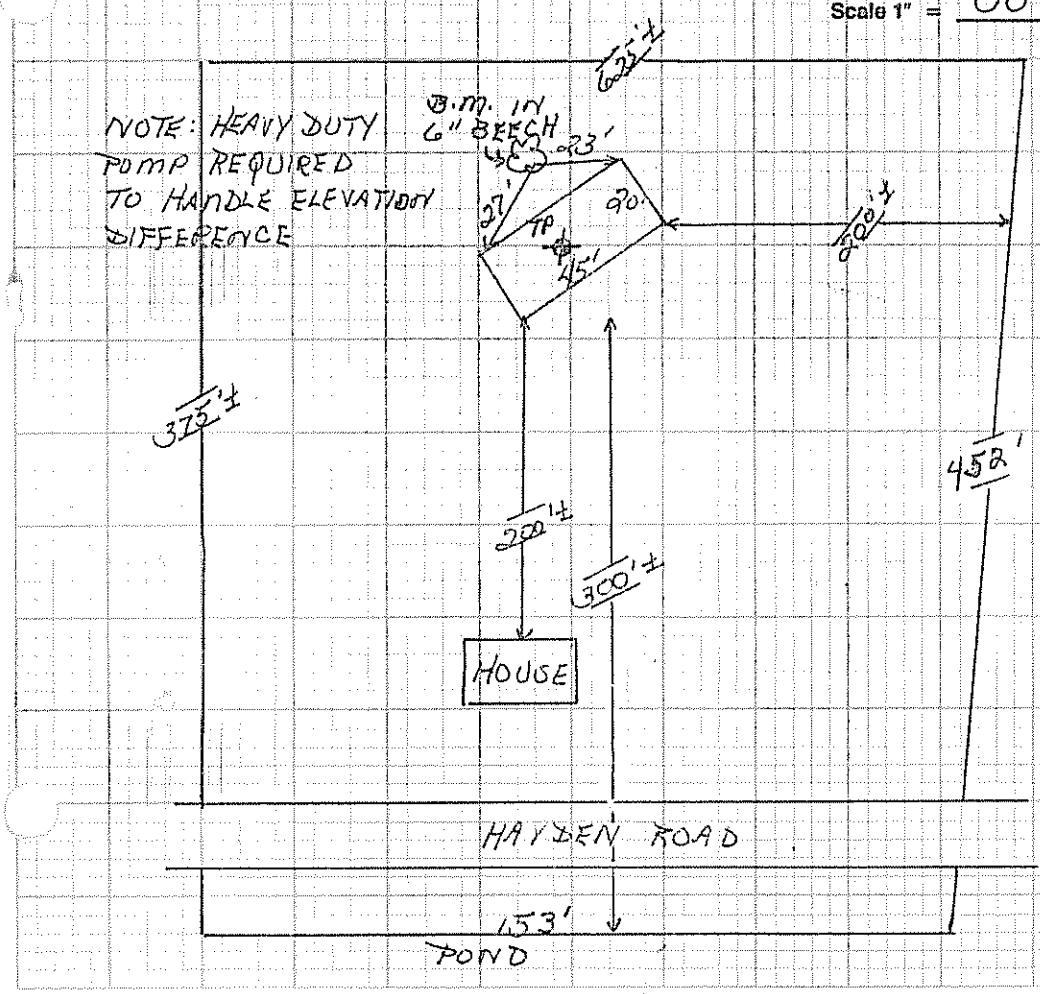
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	HAYDEN ROAD	LAWSON, BARRY

SITE PLAN

Scale 1" = 50 Ft.



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

1. Property lines as indicated by owner, or owners agent.
2. System shall be installed in accordance with the Maine State Plumbing Code.
3. Scarify original ground before placing fill.
4. Fill shall be clean sandy loam placed in 8" compacted lifts.
5. Bed shall be at least 20' from house, tank shall be at least 8' from house.
6. Well shall be at least 100' from tank and bed.
7. Site shall be graded in a manner which will divert surface water from the bed.
8. This site evaluation and design has been done in compliance with the Me. St. Plumbing Code. The approval and/or design may be subject to more restrictive local ordinances. The local plumbing inspector should be contacted for final review and approval.

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	SANDY LOAM	FRIABLE	BROWN	
6–10			REDDISH BROWN	
10–20			YELLOW BROWN	EVIDENT
20–30		FIRM	GRAY	
30–50		REFUSAL		

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	C (Condition)	6 %	LP	☒ 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
0–50				

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

Site Evaluator Signature: [signature] SE# 132 Date: 5-5-88

HHE-200 Rev. 1/84

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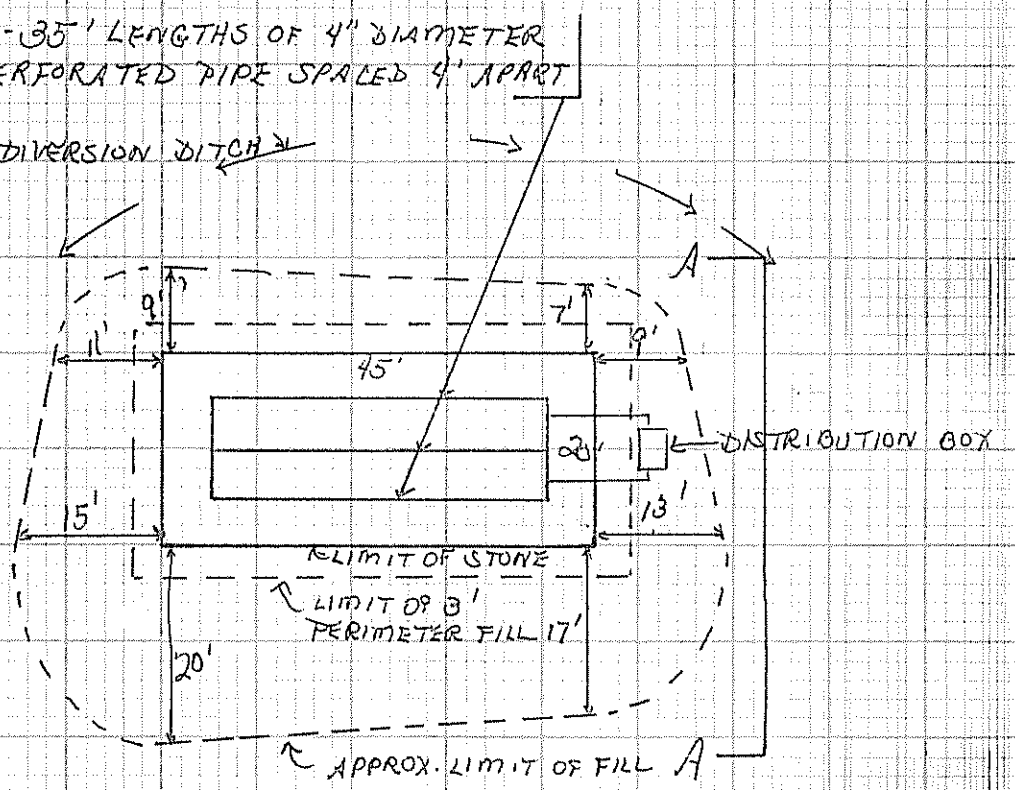
AUGUSTA	HAYDEN ROAD	LAWSON, BARRY

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



NOTE: HEAVY DUTY PUMP REQUIRED TO HANDLE ELEVATION DIFFERENCE

FILL REQUIREMENTS

Depth of Fill (Upslope)	18"
Depth of Fill (Downslope)	40"

CONSTRUCTION ELEVATIONS

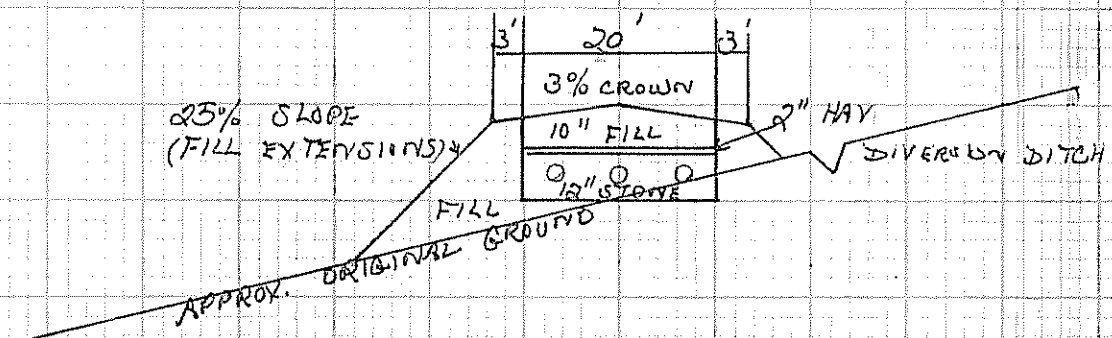
Reference Elevation is	0'0"
Bottom of Disposal Area	-49"
Top of Distribution Lines or Chambers	-38"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

BENCHMARK NAIL IN 4" BEECH TREE

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 20 Ft.



Site Evaluator Signature

132
SE#

5-9-88
Date