

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

M 8658A

08048201

**PROPERTY ADDRESS**

Town Or Plantation: Augusta

Street: Bolton Hill Road

Sub: 58A Lot # 1

**PROPERTY OWNER'S NAME**

**CAUTION: PERMIT REQUIRED**

AUGUSTA 2512 TOWN COPY

Date Permit Issued: 8/2/88 \$ 160.00 FEE  Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # [Signature]

Last: Bourque First: George

Applicant Name: George Bourque

Mailing Address of Owner/Applicant (If Different): 14 Newland Avenue 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.

Signature of Owner/Applicant: [Signature] Date: 8/2/88

**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**

<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requires Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p><b>INSTALLATION IS:</b></p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL.</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>SEASONAL CONVERSION</b> to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p><u>Drilled well</u></p>
<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS</p> <p>1. <input type="checkbox"/> BED      3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER    4. <input type="checkbox"/> OTHER _____</p>		
<p>SIZE OF PROPERTY: <u>1 ac+-</u></p> <p>ZONING: _____</p>		

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Peglar <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY _____</p>	<p><b>PUMPING</b></p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION &amp; ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED DOSE: <u>54</u> GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p><u>2 bedrooms</u></p>		
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table style="width: 100%;"> <tr> <td>PROFILE: <u>3</u></td> <td>CONDITION: <u>C</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>16</u> "</p>	PROFILE: <u>3</u>	CONDITION: <u>C</u>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA-LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input checked="" type="checkbox"/> BED <u>800</u> Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p><b>DESIGN FLOW:</b> <u>240</u> (GALLONS/DAY)</p>
PROFILE: <u>3</u>	CONDITION: <u>C</u>				

**SITE EVALUATOR STATEMENT**

On 8/4/88 (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.

Signature: [Signature]  
Site Evaluator Signature

SE# 51 Date 8/4/88

Approved for use as IHE 200 by Division of Health Engineering 9/87

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08048201

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

Bolton Hill Road

Bourque, George

## SITE PLAN

Scale: 1" = 50 Ft. or as shown

## SITE LOCATION PLAN

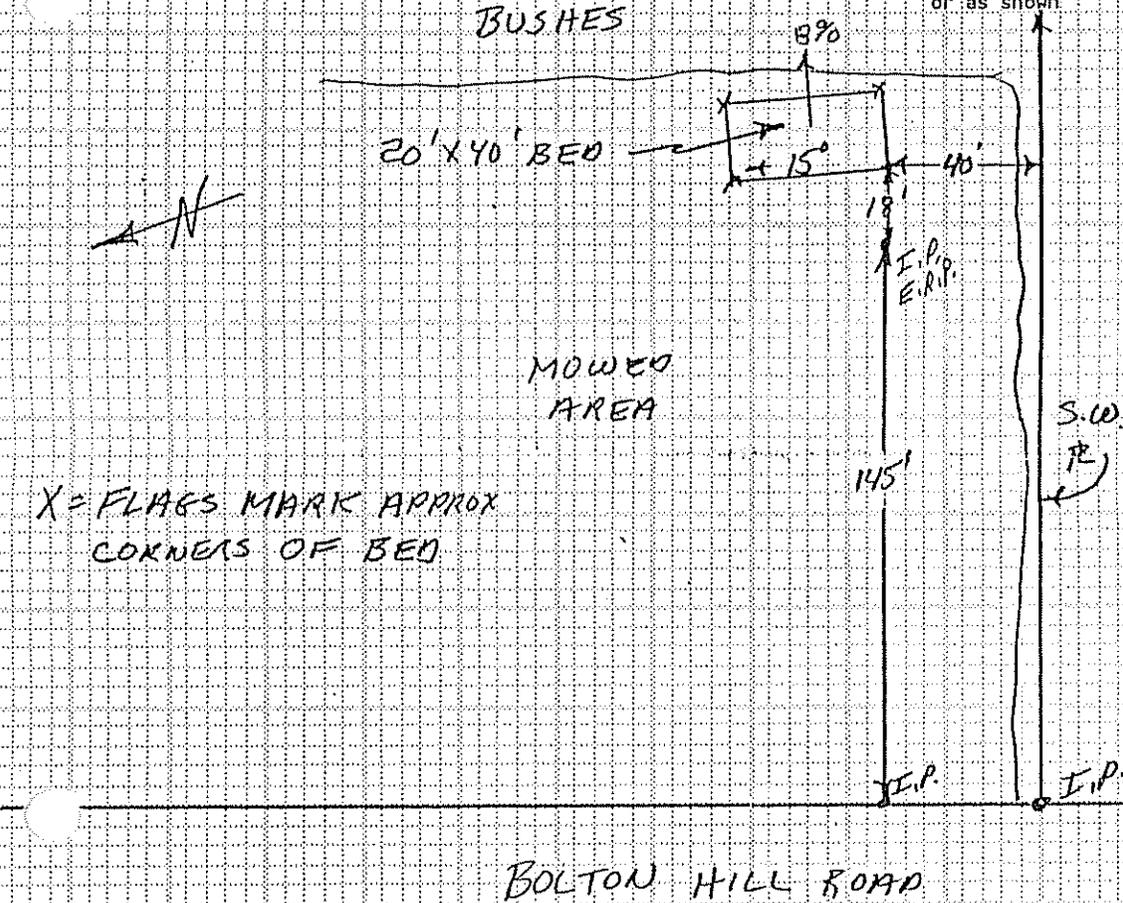
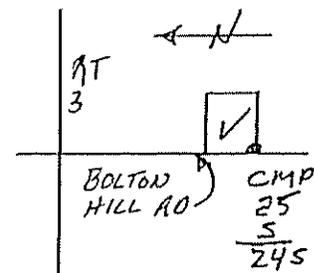
(Attach Map from Maine Atlas for New System Variance)

BUSHES

20' x 40' BED

MOWED AREA

X = FLAGS MARK APPROX CORNERS OF BED



BOLTON HILL ROAD

## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1  Test Pit  Boring  
 ±1" Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0				
6	S.L.	FRIBLE	B.	
10				
15				16
20	G.T.	FIRM	G.B.	
30				
40				
Below Mineral Surface				

Observation Hole \_\_\_\_\_  Test Pit  Boring  
 \_\_\_\_\_" Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				
Below Mineral Surface				

Soil Classification 3 C Slope 8% Limiting Factor 16  Ground Water  
 Profile Condition 8%  Restr. Layer  Bedrock

Soil Classification \_\_\_\_\_ Slope \_\_\_\_\_% Limiting Factor \_\_\_\_\_  Ground Water  
 Profile Condition \_\_\_\_\_  Restr. Layer  Bedrock

*Donald R. Red*  
 Site Evaluator Signature

51  
 SE#

8/4/88  
 Date

Approved for use as  
 HHE 200 by Division of  
 Health Engineering 9/87

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

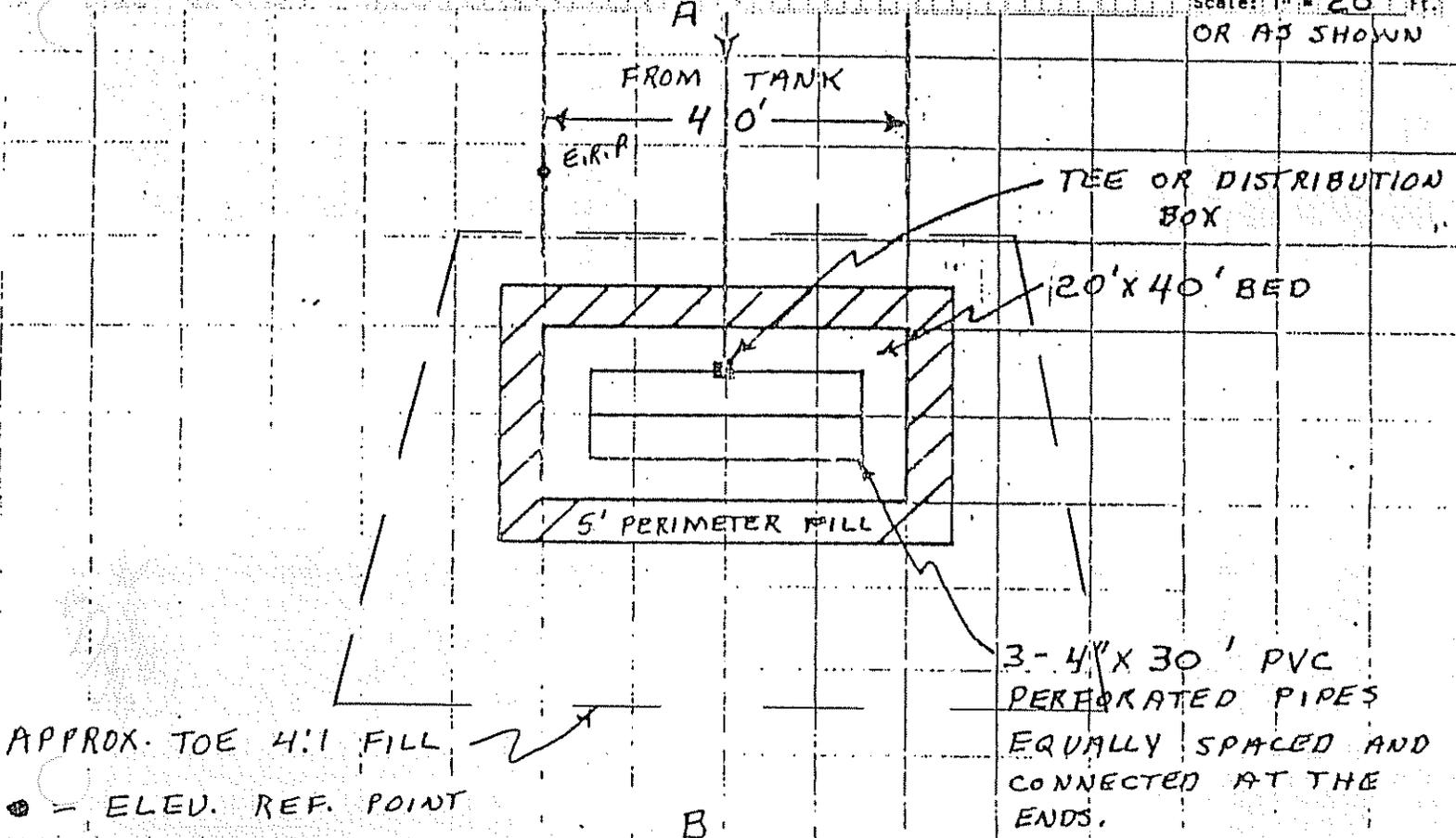
Owner's Name

AUGUSTA

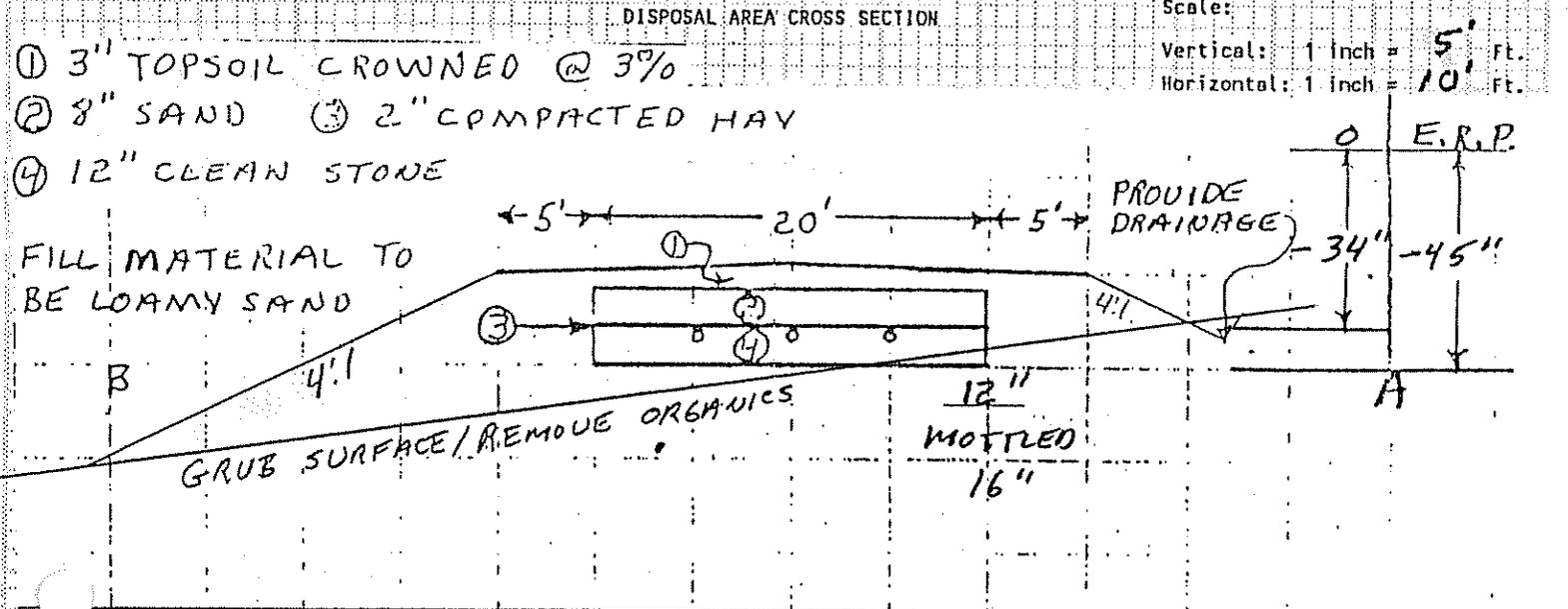
BOLTON HILL RD

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' Ft.  
OR AS SHOWN



FILL REQUIREMENTS	CONSTRUCTION ELEVATION	ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	20"	Reference Elevation is
Depth of Fill (Downslope)	42"	Bottom of Disposal Area
		Top of Distribution Lines or Chambers
		0
		-45"
		-34"
		TOP. OF I.P.



*Albert W. [Signature]*  
Site Evaluator Signature

51  
SE#

8/4/88  
Date

Approved for use as  
HHE 200 by Division of  
Health Engineering 9/87