M8 L/50

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

AUGUSTA PERMIT # 1,036 TOWN COPY

Date Permit Issued: 5/26/87 $ #40.00 FEE ☐ If Double Fee Charged

Gary R. Fuller — Local Plumbing Inspector Signature — L.P.I. # 18150

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Subdivision Lot #	WEEKS MILLS RD.

PROPERTY OWNERS NAME

Last: CHAMPAGNE First: LEON

Applicant Name:	LORI MILLETT & MARK GAGNON
Mailing Address of Owner/Applicant (If Different)	204 MT. VERNON AVE AUGUSTA, ME

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.

Susan R. Joslin — Signature of Owner/Applicant — 5-15-87 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 — 9/16-87 Date Approved

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 N/A

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: 1 1/2 ACRE 1 ACRE LOT

ZONING: NONE

TYPE OF WATER SUPPLY

PROPOSED DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

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

SIZE: 1,000 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

RECEIVED MAY 15 1987

DESIGN FLOW: 270 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 36.

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: _____

SITE EVALUATOR STATEMENT

☐ SITE EVALUATION WAIVED BY LOCAL OPTION

On 4-24-86 (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.

John Richard — Site Evaluator Signature — 181 SE# — 4-29-86 Date

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

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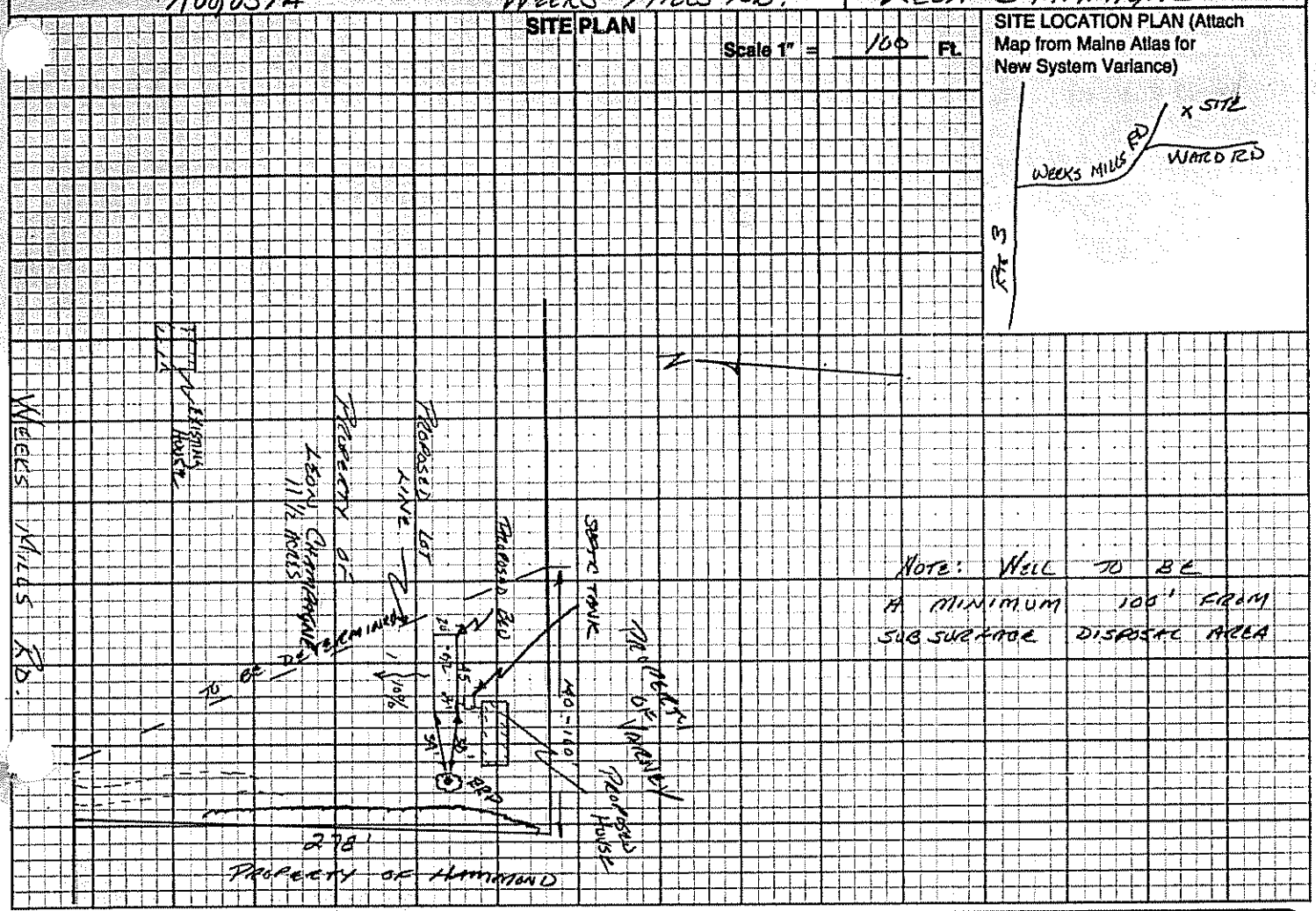
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	WEEKS MILLS RD.	LEON CHAMPAGNE

SITE PLAN

Scale 1" = 100 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 B-1 ☐ Test Pit ☒ Boring

_____" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	SANDY LOAM	FRIABLE	RED BROWN	NONE EVIDENT
6–15			YELLOW BROWN	
15–30		FIRM	OLIVE BROWN	
30–50				

Soil Profile	Classification Condition	Slope	Limiting Factor	
3	C	10 %	24"	☐ Ground Water ☒ Restrictive Layer ☐ Bedrock

Observation Hole B-2 ☐ Test Pit ☒ Boring

_____" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6				
6–15		SAME AS	PROFILE B-1	
15–50				

Soil Profile	Classification Condition	Slope	Limiting Factor	
3	C	10 %	24"	☐ Ground Water ☒ Restrictive Layer ☐ Bedrock

Site Evaluator Signature: John Richard

SE#: 181

Date: 4-29-86

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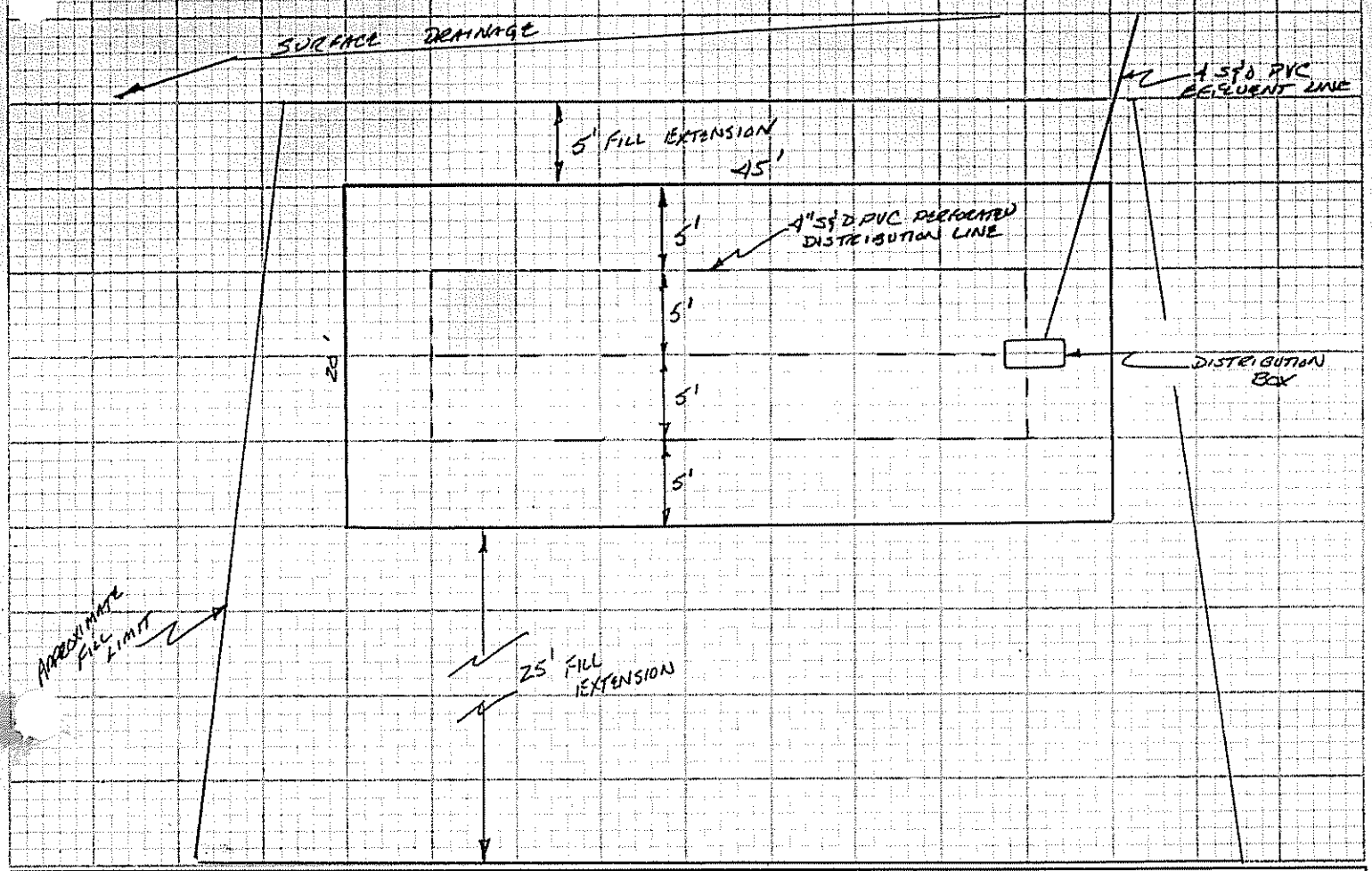
SUBSURFACE WASTEWATER DISPOSAL PLAN

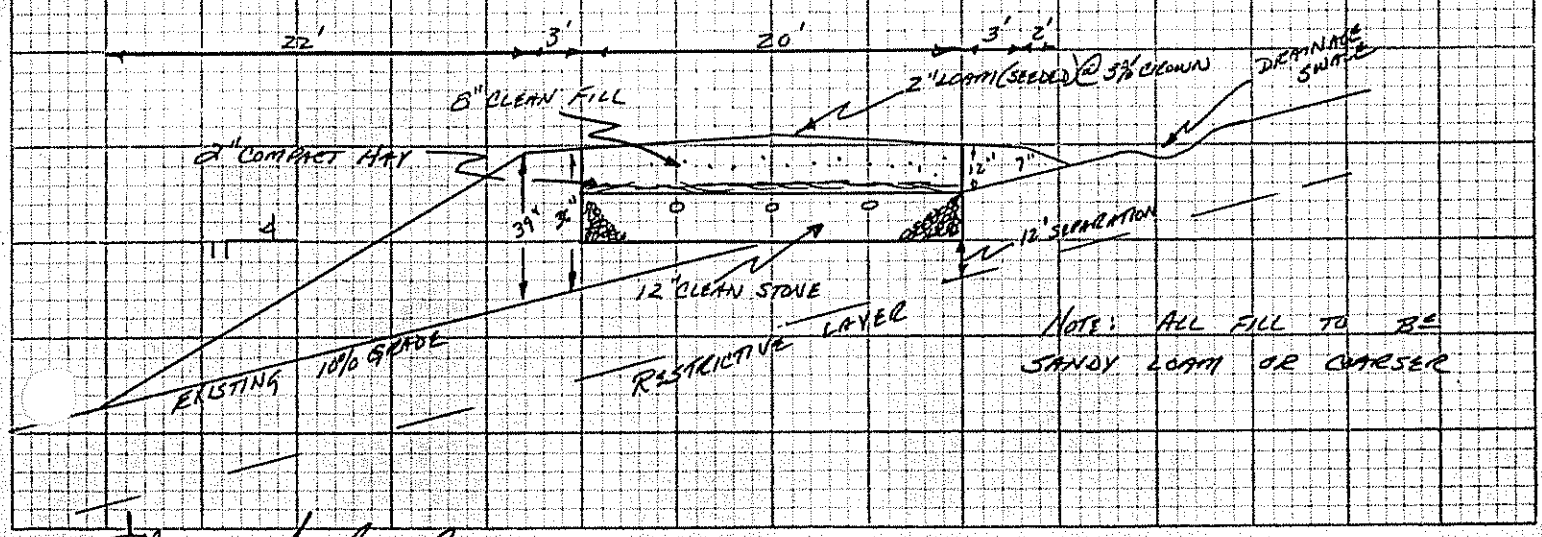
Scale 1" = 10 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	12"	Reference Elevation is	00"	SHINER IN 12" BIRCH TREE
Depth of Fill (Downslope)	36"	Bottom of Disposal Area	-69"	(SEE SITE PLAN)
		Top of Distribution Lines or Chambers	-58"	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 4 Ft.
Horizontal: 1 inch = 10 Ft.



NOTE: ALL FILL TO BE SANDY LOAM OR COARSER

John Ashland
Site Evaluator Signature

181
SE#

4-29-86
Date

HHE-200 Rev.1/84