SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

M 11 L/A

AUGUSTA 2739 TOWN COPY
Date Permit Issued: 8 11 93 $ 60 FEE ☐ If Double Fee Charged
Local Plumbing Inspector Signature L.P.I. # 850

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Subdivision Lot #	Con. Rd

PROPERTY OWNERS NAME

Last: Kirkpatrick First: Gary

Applicant Name:	Kirkpatrick's Service Inc
Mailing Address of Owner/Applicant (If Different)	RR7 Box 2480 Con. Rd 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 — Date 8/19/93

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 8/19/93

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 late 70s?
THE FAILING SYSTEM IS:
1. ☐ BED 3. ☐ TRENCH
2. ☒ CHAMBER 4. ☐ OTHER: _____

SIZE OF PROPERTY	ZONING
2 ac±	commercial

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 garage
   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

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☒ SEPTIC: ☒ Regular ☐ Low Profile
2. ☐ AEROBIC heavy duty H-20
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.)
Service garage
blackwater only

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
9	E

DEPTH TO LIMITING FACTOR: 3.

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

DISPOSAL AREA TYPE/SIZE
1. ☒ BED 750 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: 150 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 6/23/93 (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# 200 — Date 6/27/93

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

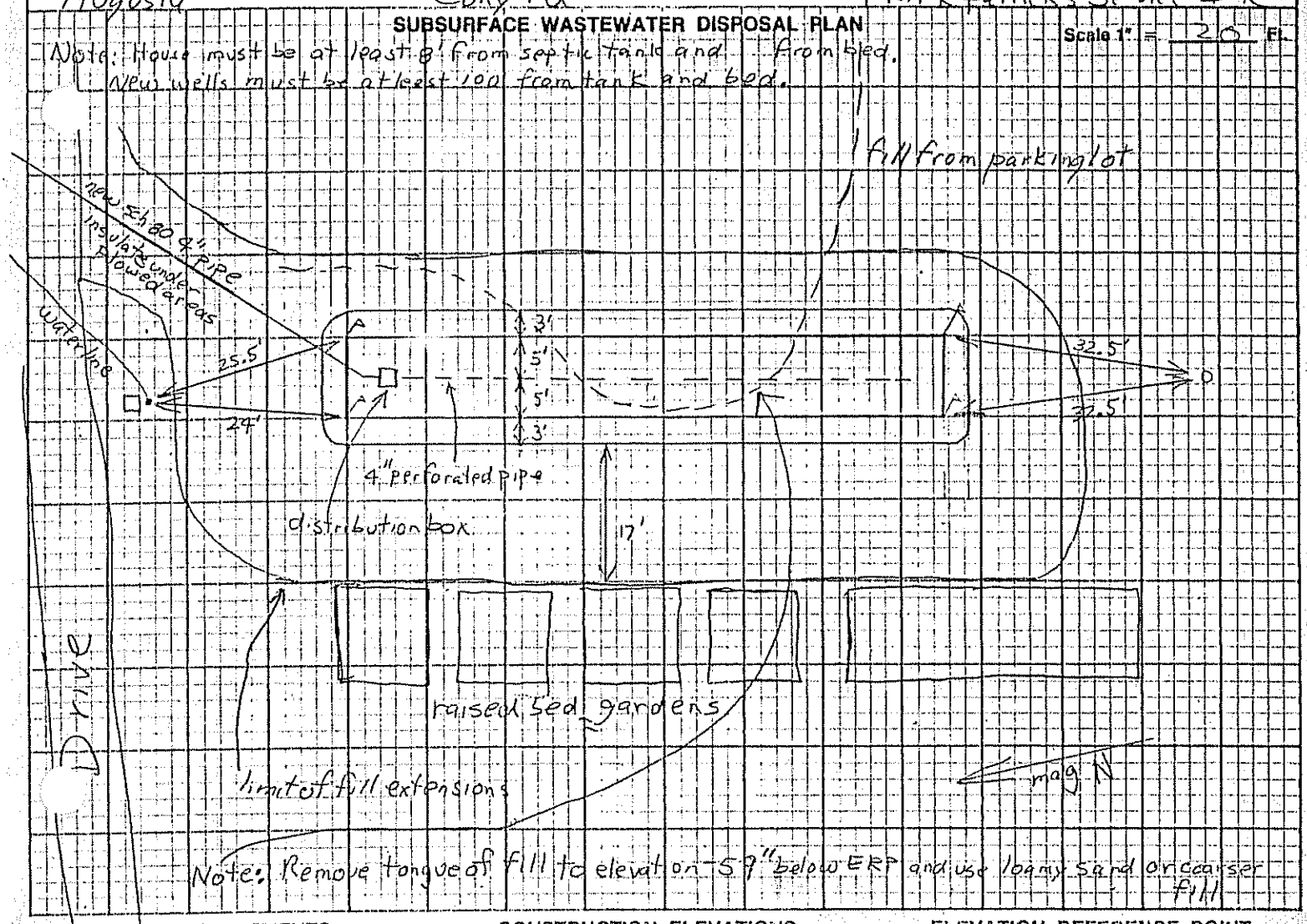
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Cony Rd	Kirkpatricks Service Inc

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

Note: House must be at least 8' from septic tank and from bed.
New wells must be at least 100 from tank and bed.



FILL REQUIREMENTS

Depth of Fill (Upslope)	46"
Depth of Fill (Downslope)	56"

CONSTRUCTION ELEVATIONS

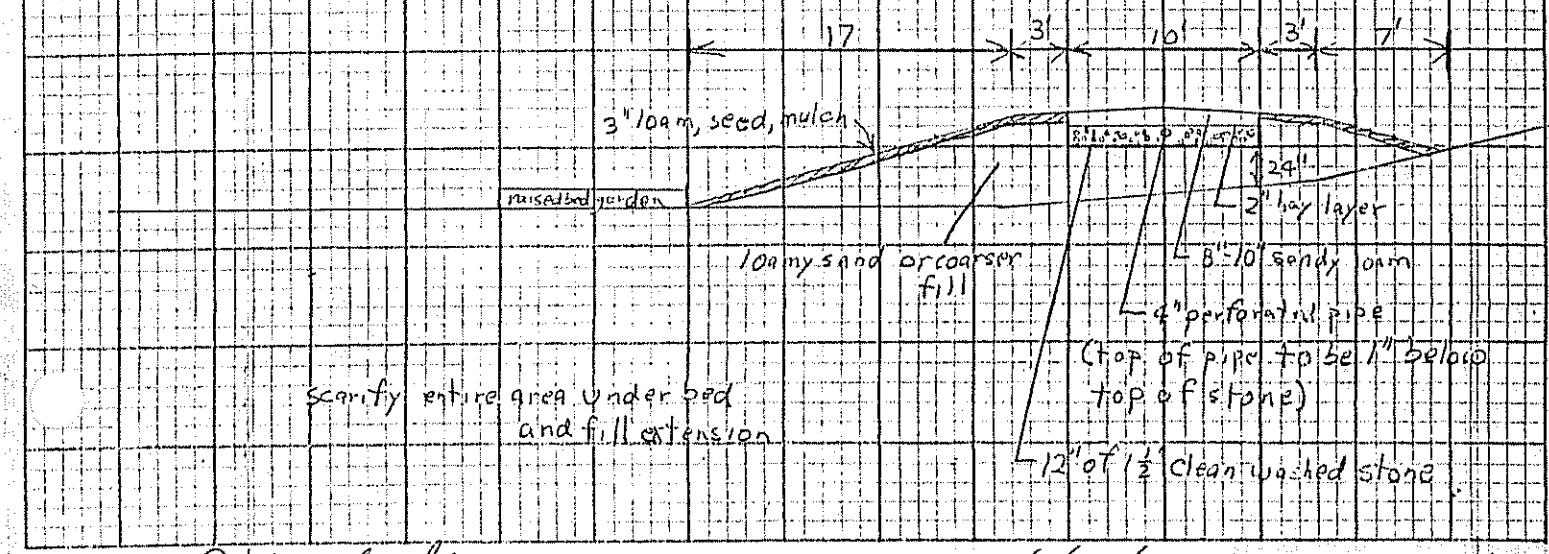
Reference Elevation is	0"
Bottom of Disposal Area	-35
Top of Distribution Lines or Chambers	-24

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

tack 68" above ground in 2" birch South of bed

DISPOSAL AREA CROSS SECTION

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



Steph A McTaugh — Site Evaluator Signature

200 — SE#

6/27/93 — Date

HHE-200 Rev. 1/94

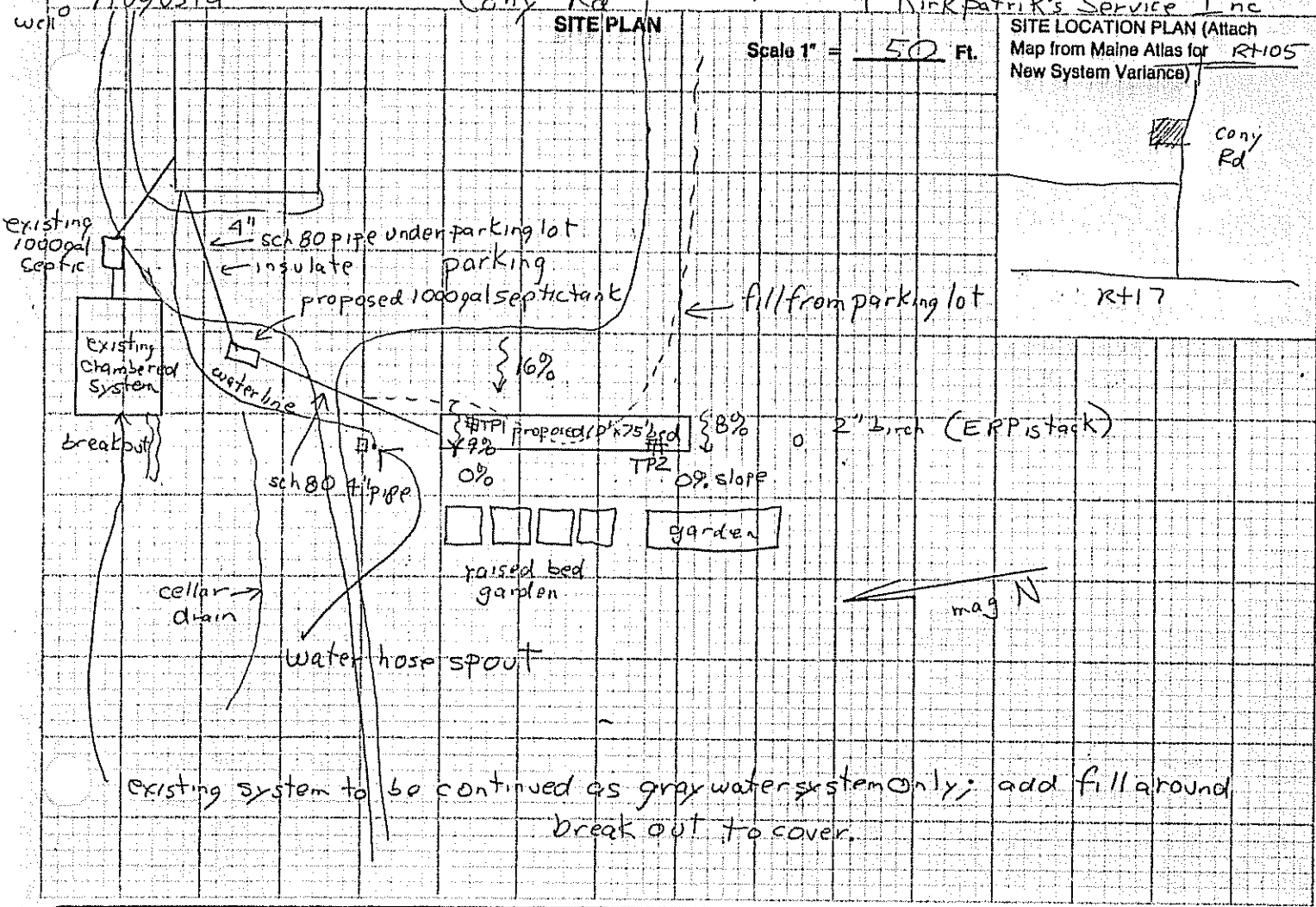
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: Augusta | Street, Road, Subdivision: Cony Rd | Owner Name: Kirkpatrik's Service Inc

SITE PLAN

Scale 1" = 50 Ft.



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

RH05

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	silt loam	friable	dark brown	
6–10	silty	firm	olive gray	common distinct
10–15	clay loam			
15–20				
20–30				
30–40				
40–0				

Soil	Classification	Slope	Limiting Factor	
9 (Profile)	E (Condition)	9 %	3	☒ Ground Water ☒ Restrictive Layer ☐ Bedrock

Observation Hole 2 — ☒ Test Pit ☐ Boring

1" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

	Texture	Consistency	Color	Mottling
0–6	silt loam	friable	med brown	
6–10	silty	firm	olive	common
10–15	clay		gray	distinct
15–20	loam			
20–30				
30–40				
40–50				

Soil	Classification	Slope	Limiting Factor	
9 (Profile)	E (Condition)	8 %	3	☐ Ground Water ☒ Restrictive Layer ☐ Bedrock

Stephen A. McTaggart
Site Evaluator Signature

200
SE#

6/27/93
Date

HHE-200 Rev. 1/84

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 #	Cony Rd

PROPERTY OWNERS NAME

Last: Kirkpatrick First: Gary

Applicant Name:	Kirkpatrick's Service Inc
Mailing Address of Owner/Applicant (If Different)	RR7 Box2480 Cony Rd Augusta Me 04330

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

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

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

THIS APPLICATION IS FOR:
1. ☐ NEW SYSTEM
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SEASONAL CONVERSION
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7. ☐ SYSTEM INSTALLED – P# _____
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IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED late 70s?
THE FAILING SYSTEM IS:
1. ☐ BED 3. ☐ TRENCH
2. ☒ CHAMBER 4. ☐ OTHER: _____

SIZE OF PROPERTY: 2ac±

ZONING: Commercial

THIS APPLICATION REQUIRES:
1. ☐ NO RULE VARIANCE
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Attach New System Variance Form
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DISPOSAL SYSTEM TO SERVE:
1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☒ OTHER garage (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

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: 60 GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)
Service garage
blackwater only

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
9	E

DEPTH TO LIMITING FACTOR: 3.

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

DISPOSAL AREA TYPE/SIZE
1. ☒ BED 750 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: 150 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 6/23/93 (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.

revised 8/18/93

Stephen A McLaughlin — Site Evaluator Signature
200 — SE#
6/27/93 — Date

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

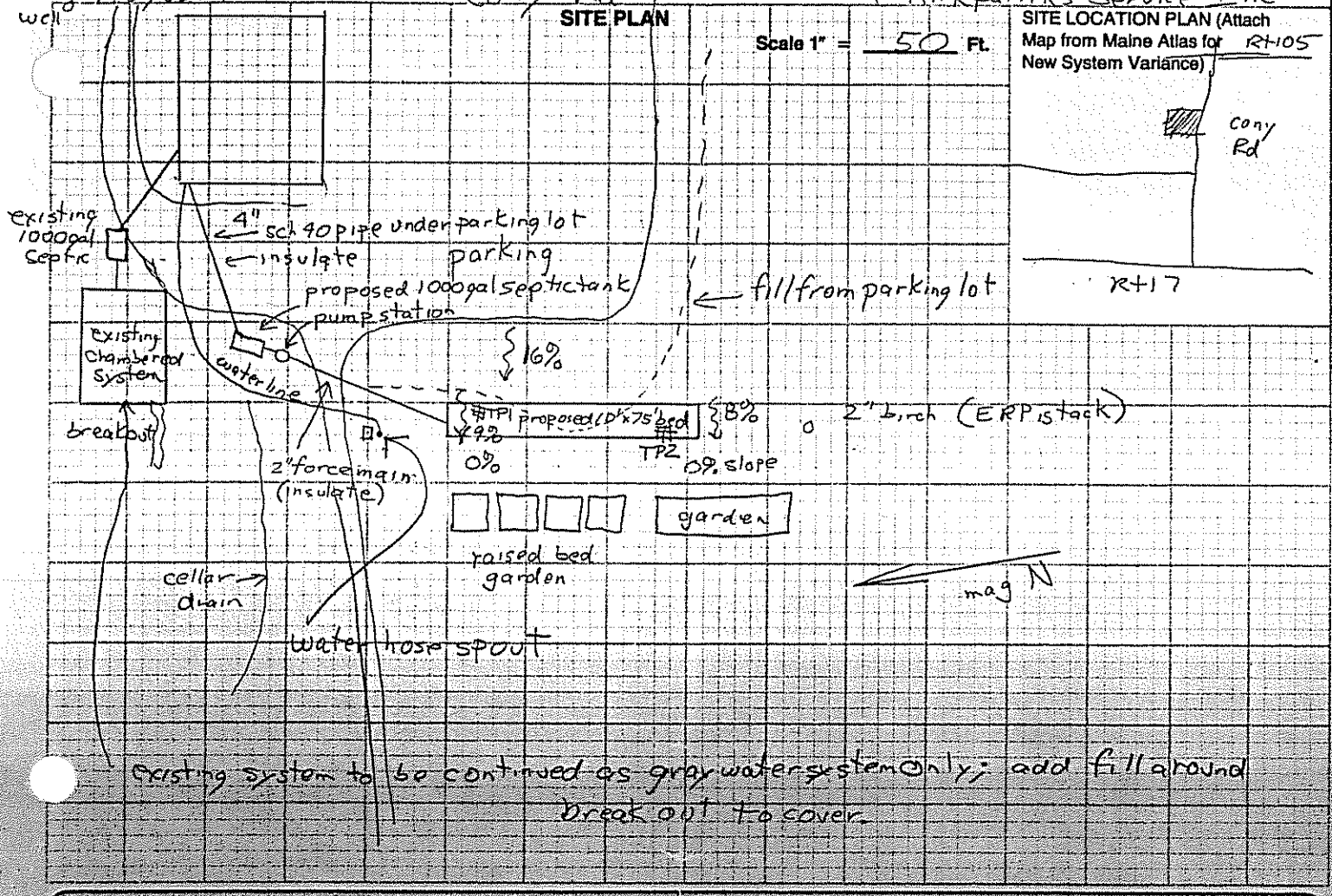
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Cony Rd	Kirkpatrik's Service Inc

SITE PLAN

Scale 1" = 50 Ft.



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

Map from Maine Atlas for RT105

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
silt loam	friable	dark brown	
			common
silty clay loam	firm	olive gray	distinct

Soil Profile	Classification Condition	Slope	Limiting Factor	Ground Water	Restrictive Layer	Bedrock
9	E	9 %	3	☒	☒	☐

Observation Hole 2 — ☒ Test Pit ☐ Boring

1" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling
silt loam	friable	med brown	
silty clay loam	firm	olive gray	common distinct

Soil Profile	Classification Condition	Slope	Limiting Factor	Ground Water	Restrictive Layer	Bedrock
9	E	8 %	3	☐	☒	☐

Stephen A. McTaught
Site Evaluator Signature

200
SE#

6/27/93
Date

revised 8/18/93

HHE-200 Rev. 1/84

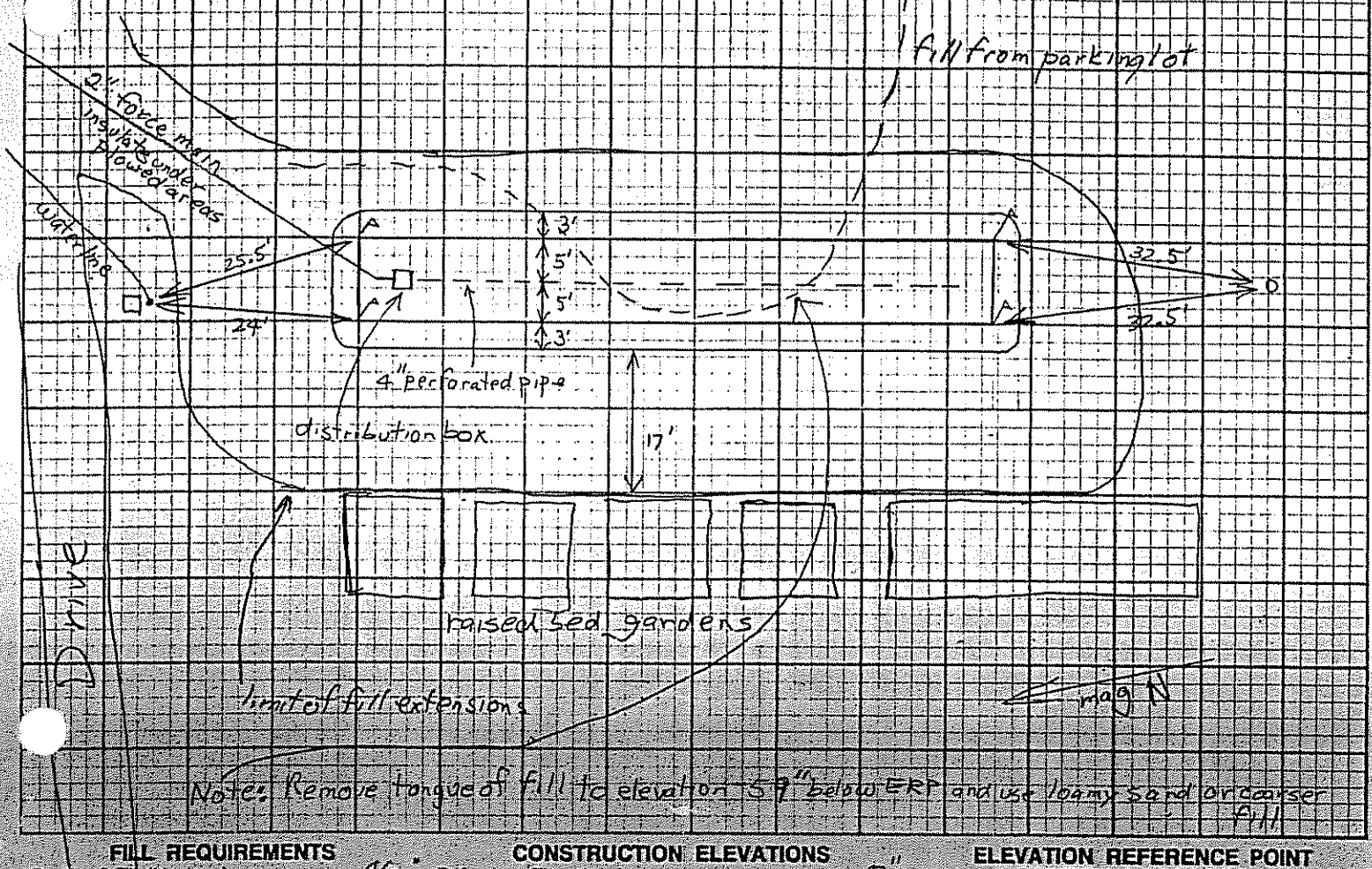
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION — Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Cony Rd	Kirkpatricks Service Inc

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

Note: House must be at least 8' from septic tank and ___ from bed.
New wells must be at least 100 from tank and bed.

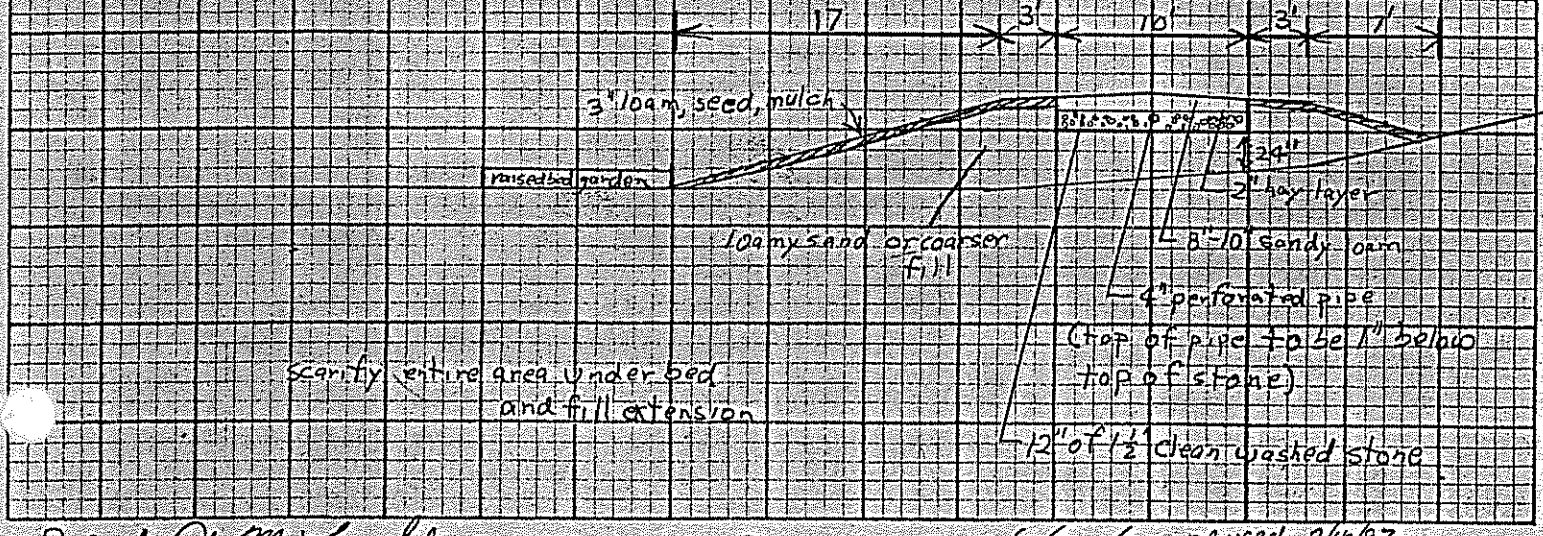


Note: Remove topsoil of fill to elevation 57" below ERP and use loamy sand or coarser fill

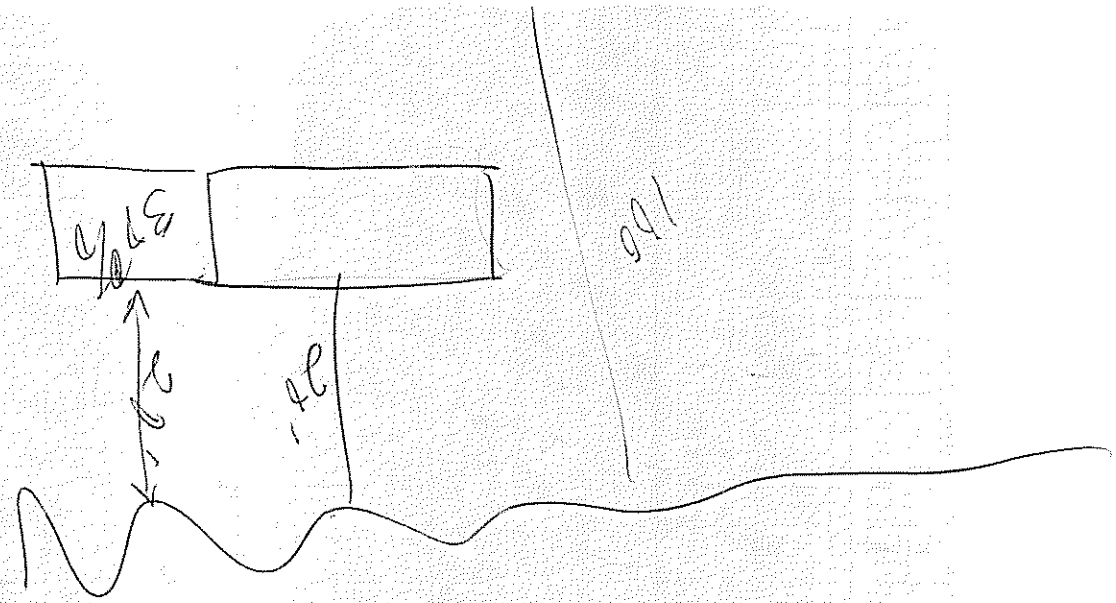
FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	46"	Reference Elevation is	0"	tack 68" above ground in 2" birch
Depth of Fill (Downslope)	56"	Bottom of Disposal Area	-35	south of bed
		Top of Distribution Lines or Chambers	-24	

DISPOSAL AREA CROSS SECTION

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



Stephen A. McLaughlin — Site Evaluator Signature
200 — SE#
6/27/93 — Date
revised 8/10/93


37 1/2
2'
2'
1'6