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 Road

PROPERTY OWNERS NAME

Last: Kirkpatrick First: Gary
Applicant Name:
Mailing Address of Owner/Applicant (If Different): R#2, Box 1056 Augusta, Maine 04330

M11 L/A

AUGUSTA PERMIT # 234 STATE COPY

Date Permit Issued: 5 31 84 $ 40.00 FEE ☐ If Double Fee Charged

Robert St Pierre
Local Plumbing Inspector Signature

L.P.I. # 667

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.

Julia Kirkpatrick 5-31-84
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

Robert St Pierre 7/24/84
Local Plumbing Inspector Signature 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. ☐ Requires only Local Plumbing Inspector Approval
   4. ☐ Requires both 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 _____

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: 7A ±

ZONING:

TYPE OF WATER SUPPLY

Drilled

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

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 2 CONDITION: A

DEPTH TO LIMITING FACTOR: 30"

SIZE RATINGS USED FOR DESIGN PURPOSES

1. ☐ SMALL
2. ☐ MEDIUM
3. ☒ MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. ☒ BED 1000 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: 300 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

☐ SITE EVALUATION WAIVED BY LOCAL OPTION

On 06-28-83 (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.

Alan W Richard
Site Evaluator or Professional Engineer's Signature

#51
SE# / PE#

07-05-83
Date

(City)

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION — Division of Health Engineering

Town, City, Plantation | Street, Road, Subdivision | Owners Name

SITE PLAN

Scale 1" = 50 Ft. OR AS SHOWN

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

Route 105

Kirkpatrick Service ✓

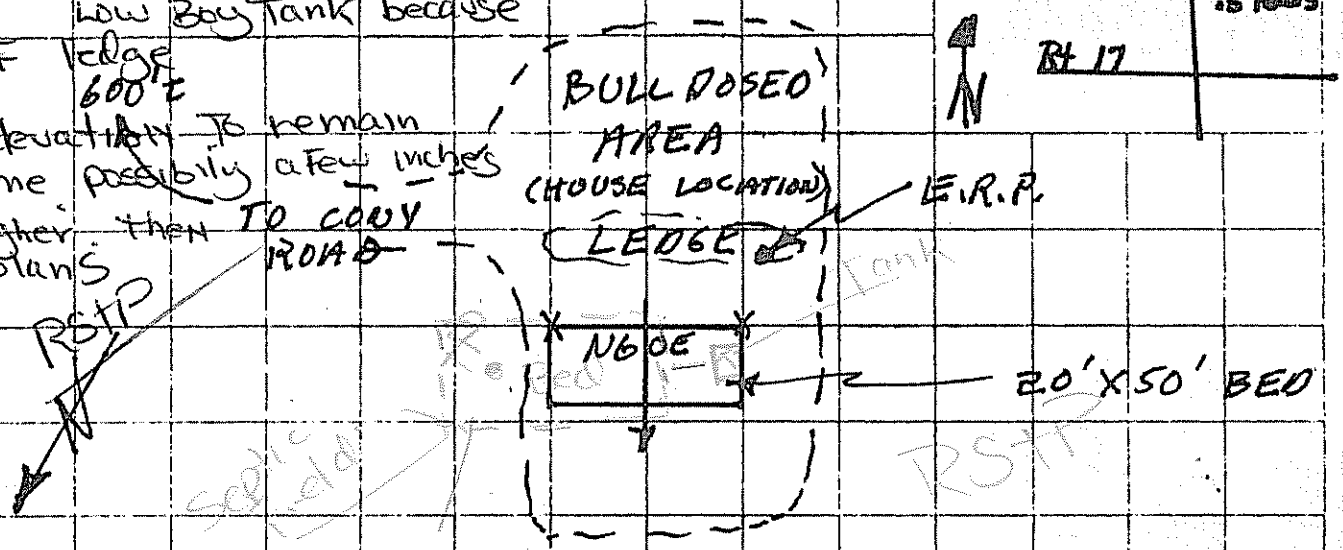
Cony Road .5 Miles

Rt 17

N

Location of Bed moved with in Test Pit area.

Low Boy Tank because of ledge 600' elevation to remain same possibly a few inches higher then plans



PART OF 7 Ac ± PARCEL

NO ℞ WITHIN 100' OF SYSTEM

X = FLAGGING MARKS UPHILL EDGE OF BED

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

Observation Hole 1 ☐ Test Pit ☒ Boring

— " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (Inches)	Texture	Consistency	Color	Mottling
0–6	S.L.	Loose	R.B.	None
6–30			B.	
30		Ledge		

Soil (Profile)	Classification (Condition)	Slope	Limiting Factor	
2	A	12 %	30"	☐ 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 (Profile)	Classification (Condition)	Slope	Limiting Factor	
		%		☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

[signature] #51 07-05-83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

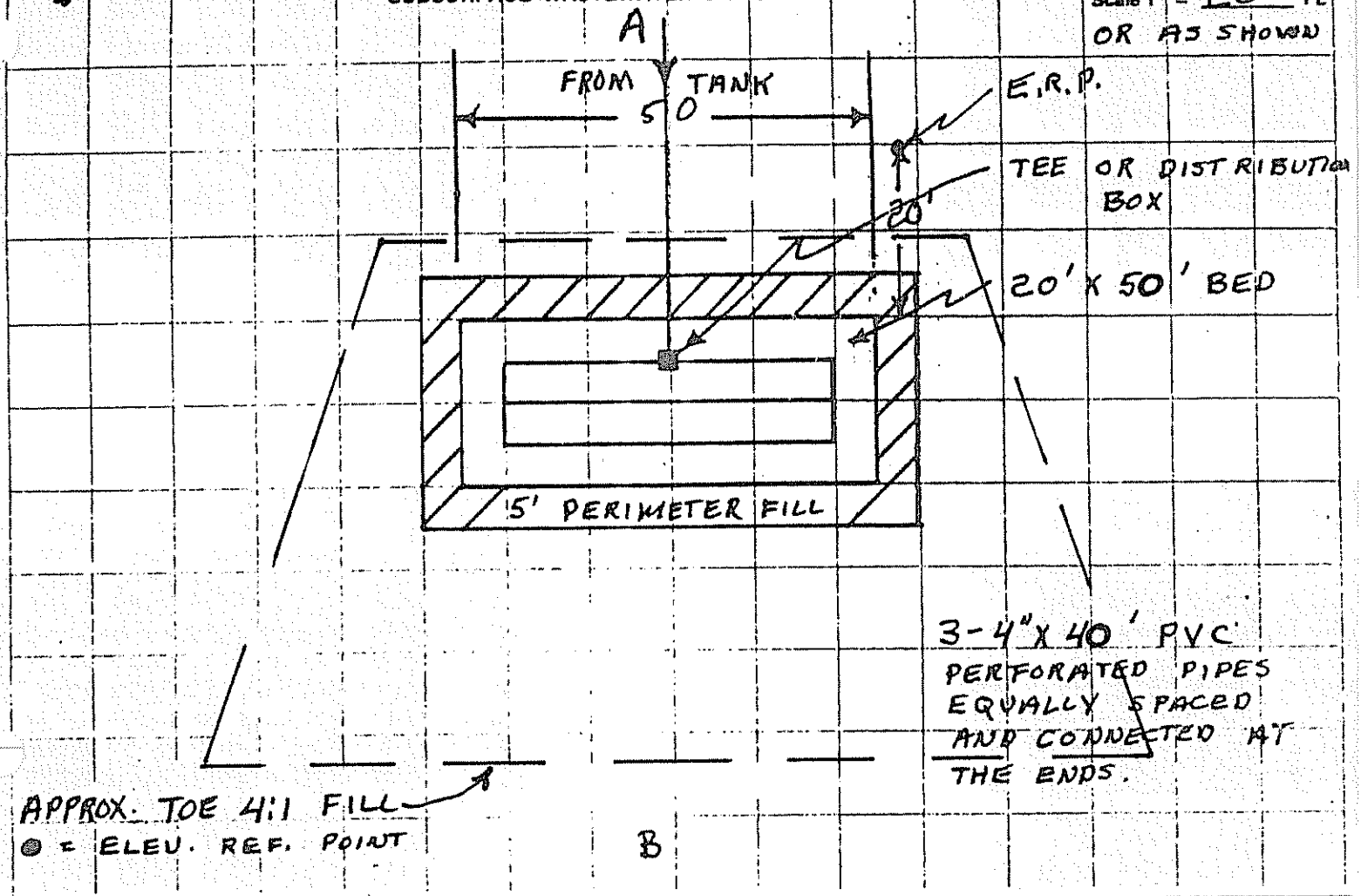
Town, City, Plantation: Augusta

Street, Road, Subdivision: Cony Road

Owners Name: Kirkpatrick, Gary

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL OR AS SHOWN



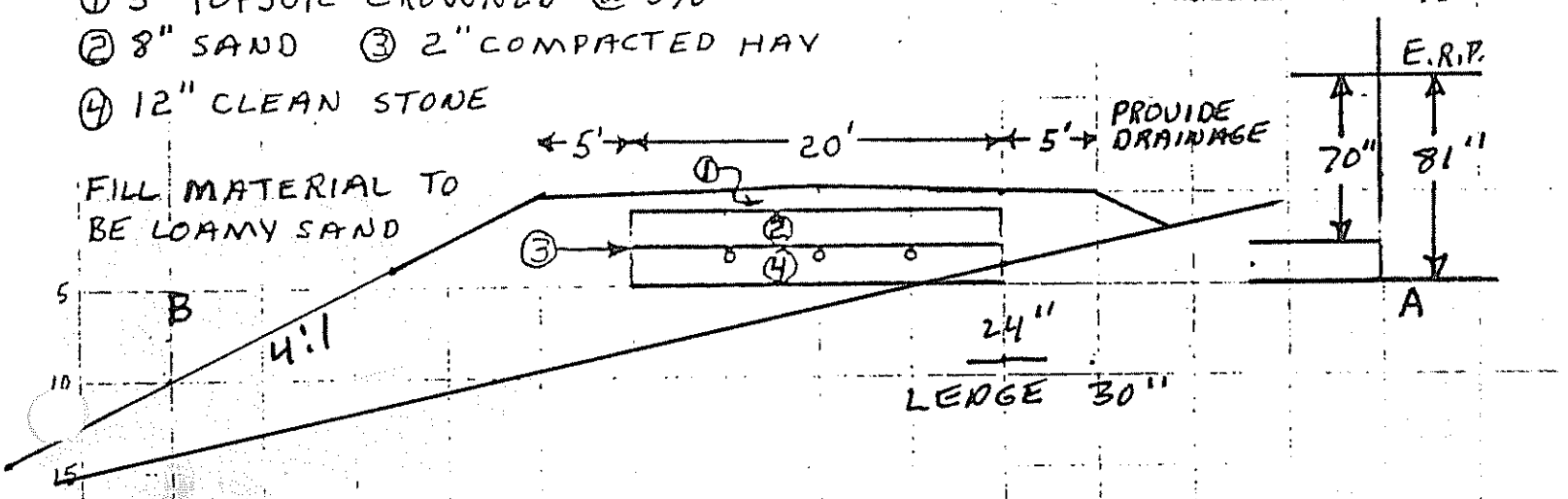
FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	18"	Reference Elevation is	0	NAIL IN TREE
Depth of Fill (Downslope)	50±	Bottom of Disposal Area	-81"	
		Top of Distribution Lines or Chambers	-70"	

DISPOSAL AREA CROSS SECTION

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

① 3" TOPSOIL CROWNED @ 3%
② 8" SAND ③ 2" COMPACTED HAY
④ 12" CLEAN STONE

FILL MATERIAL TO BE LOAMY SAND



Wm W Richard

#51

07-05-83

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