called 9/20 2:20 582-1174

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Division Lot #	Rt 105 + Bolton Hill Rd

PROPERTY OWNERS NAME

Last: Dube First: Glen

Applicant Name:	Glen Dube
Mailing Address of Owner/Applicant (If Different)	152 Maine Ave Farmingdale 04345

AUGUSTA 1742 TOWN COPY

Date Permit Issued: 9 20 89 $ 40 FEE ☐ If Double Fee Charged

Richard Dall L.P.I. # 872

Local Plumbing Inspector Signature

Owner/Applicant Statement

582 1174

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.

Glen R. Dube — Signature of Owner/Applicant — Date 9-1-89

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 11-16-89

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: _____

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

SIZE OF PROPERTY	ZONING	TYPE OF WATER SUPPLY
1.17 ac	Residential	Proposed Drilled

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☒ SEPTIC: ☒ Regular or ☒ 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 Bed Room minimum

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 20.

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 8/25/89 (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.

Hamilton Bolton — Site Evaluator Signature — 201 SE# — 8/25/89 Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

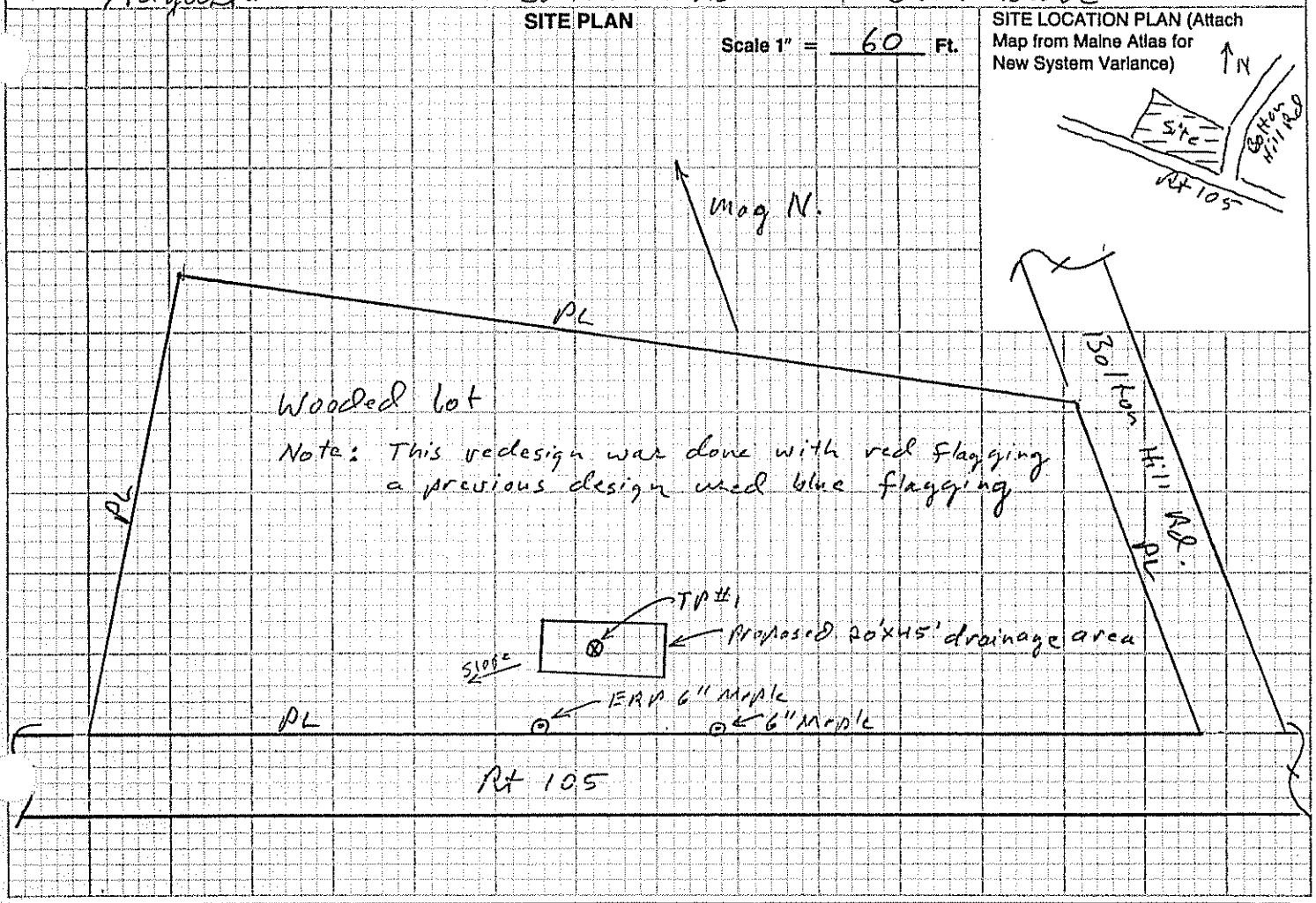
Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Rt 105 + Bolton Hill Rd	Glen Dube

SITE PLAN

Scale 1" = 60 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 TP#1 ☒ Test Pit ☐ Boring

4" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Depth	Texture	Consistency	Color	Mottling
0–6			Orange Brown	
6–10	Very	Loose		
10–15	Stoney		Yellow	
15–20	Sandy		Brown	
20–23	Loam			
23–30		Firm	Grey Brown	Faint

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	C (Condition)	~3 %	20"	☒ Ground Water ☒ Restrictive Layer ☐ Bedrock

Observation Hole _____ ☐ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Depth	Texture	Consistency	Color	Mottling
0–6				
6–10				
10–15				
15–20				
20–30				
30–40				
40–50				

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

Hamson Bryden
Site Evaluator Signature

201
SE#

8/27/89
Date

HHE-200 Rev.1/84

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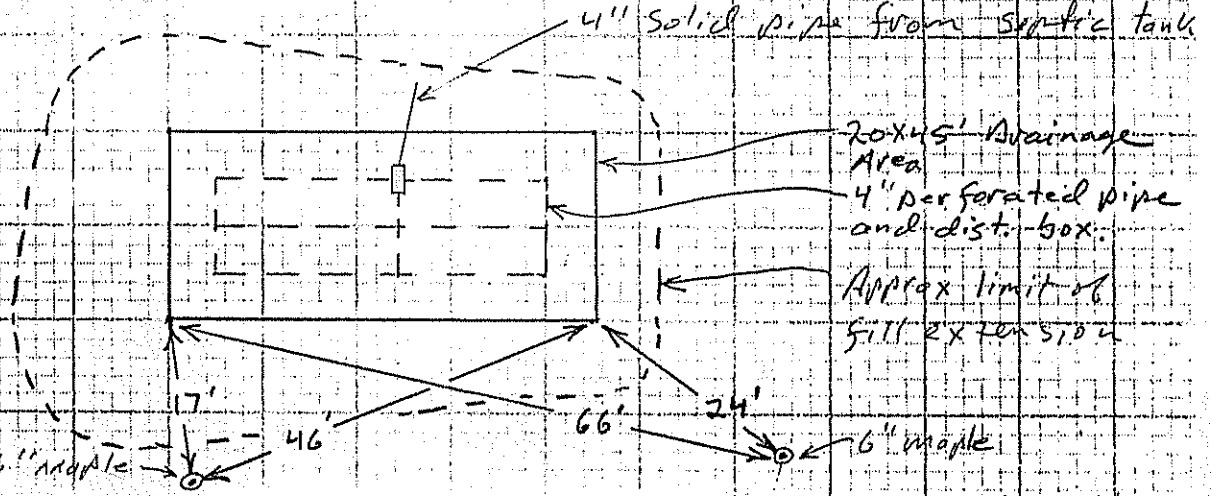
Augusta	Rt 105 + Bolton Hill Rd	Glen Dube

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

Construction to be in accordance with state plumbing code.

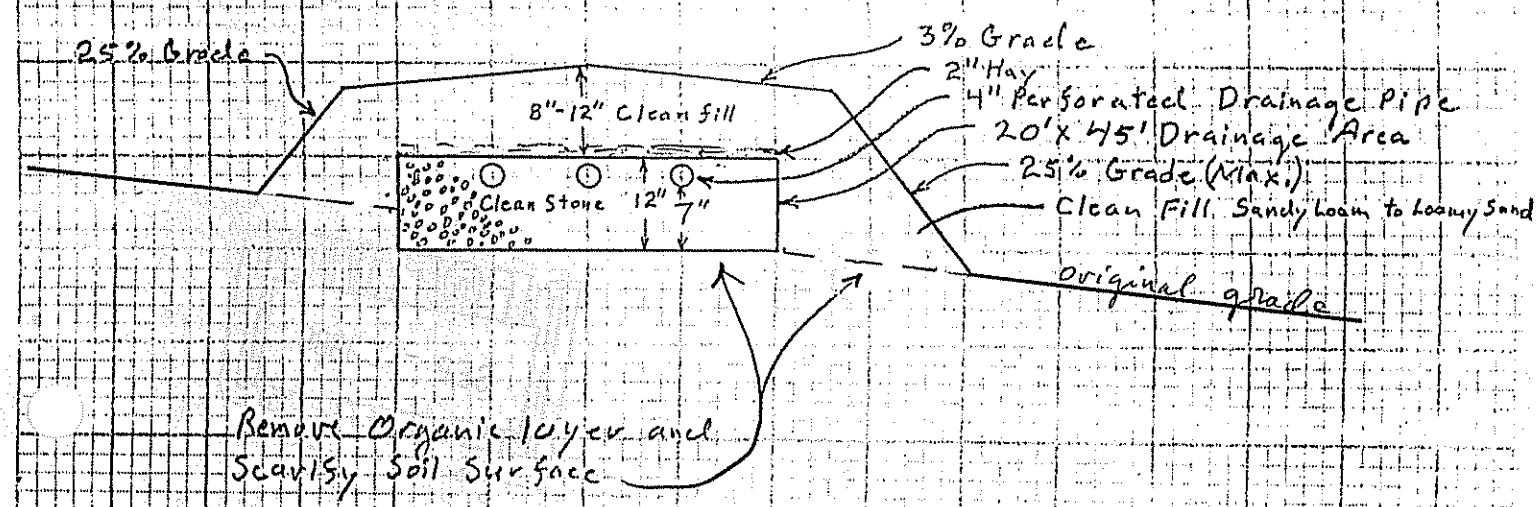


Notes: Well may be installed within 75' of septic tank if inspected for watertightness by L.P.I. Also, drainage area may be as close as 15' to mobile home w/o full foundation. Drainage area to be at least 20' from structures/dwellings and at least 100' from wells. Septic tank to be at least 8' from structures/dwellings and at least 100' from wells. Final grade to divert surface water runoff and prevent ponding.

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) (Varies)	12"	Reference Elevation is	0'00"	ERP is red flagged nail in 6" Maple (Shown)
Depth of Fill (Downslope)	30"	Bottom of Disposal Area	-46"	
		Top of Distribution Lines or Chambers	-35"	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 2 Ft.
Horizontal: 1 Inch = 10 Ft.



Harrison Bergeron
Site Evaluator Signature

201
SE#

8/27/89
Date