M11 L63

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

AUGUSTA PERMIT # 190 TOWN COPY

Date Permit Issued: 4 12 84 $ 40 FEE ☐ If Double Charged

Robert St Pierre — Local Plumbing Inspector Signature — L.P.I. # 6617

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Subdivision Lot #	Route 105 (So. Belfast Ave)

PROPERTY OWNERS NAME

Last: Crockett First: Kenneth

Applicant Name:	Route #6, Box 1117
Mailing Address of Owner/Applicant (If Different)	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

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 — Local Plumbing Inspector Signature — 5/14/84 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: N/A

1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

DISPOSAL SYSTEM TO SERVE:

1. ☒ SINGLE FAMILY DWELLING future
2. ☒ MODULAR OR MOBILE HOME @ present
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

TYPE OF WATER SUPPLY

Drilled well

SIZE OF PROPERTY	ZONING
10± ac	N/A

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.)

2. Bedroom

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 800 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: 240 (GALLONS/DAY)

20' X 40'

SITE EVALUATOR STATEMENT

☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

On October 28, 1983 (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.

Stephen E. Goodwin — Site Evaluator or Professional Engineer's Signature

65 — SE# / PE#

10/31/83 — Date

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

~~Applicant~~ City

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

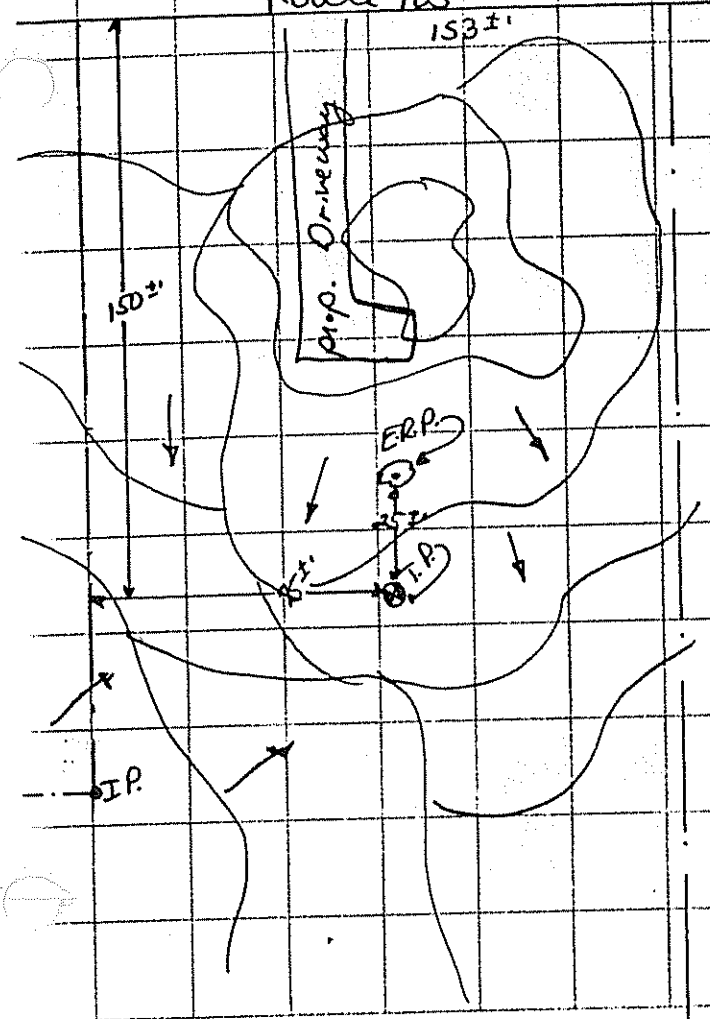
Town, City, Plantation: Augusta

Street, Road, Subdivision: Route 105

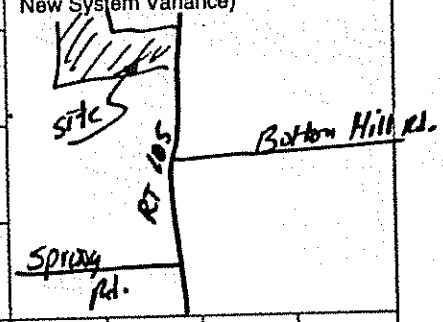
Owners Name: Kenneth Crockett

SITE PLAN

Scale 1" = 50 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 _____ ☒ Test Pit ☐ Boring

0" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	Loam		Brown	
6–30	Sandy loam	friable	Reddish Brown to yellowish brown	
30–50		firm	Grayish Brown	

Soil Profile	Classification Condition	Slope	Limiting Factor	
3	C	4.6%	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

Stephen E. Gordein — Site Evaluator or Professional Engineer's Signature

65 — SE# / PE#

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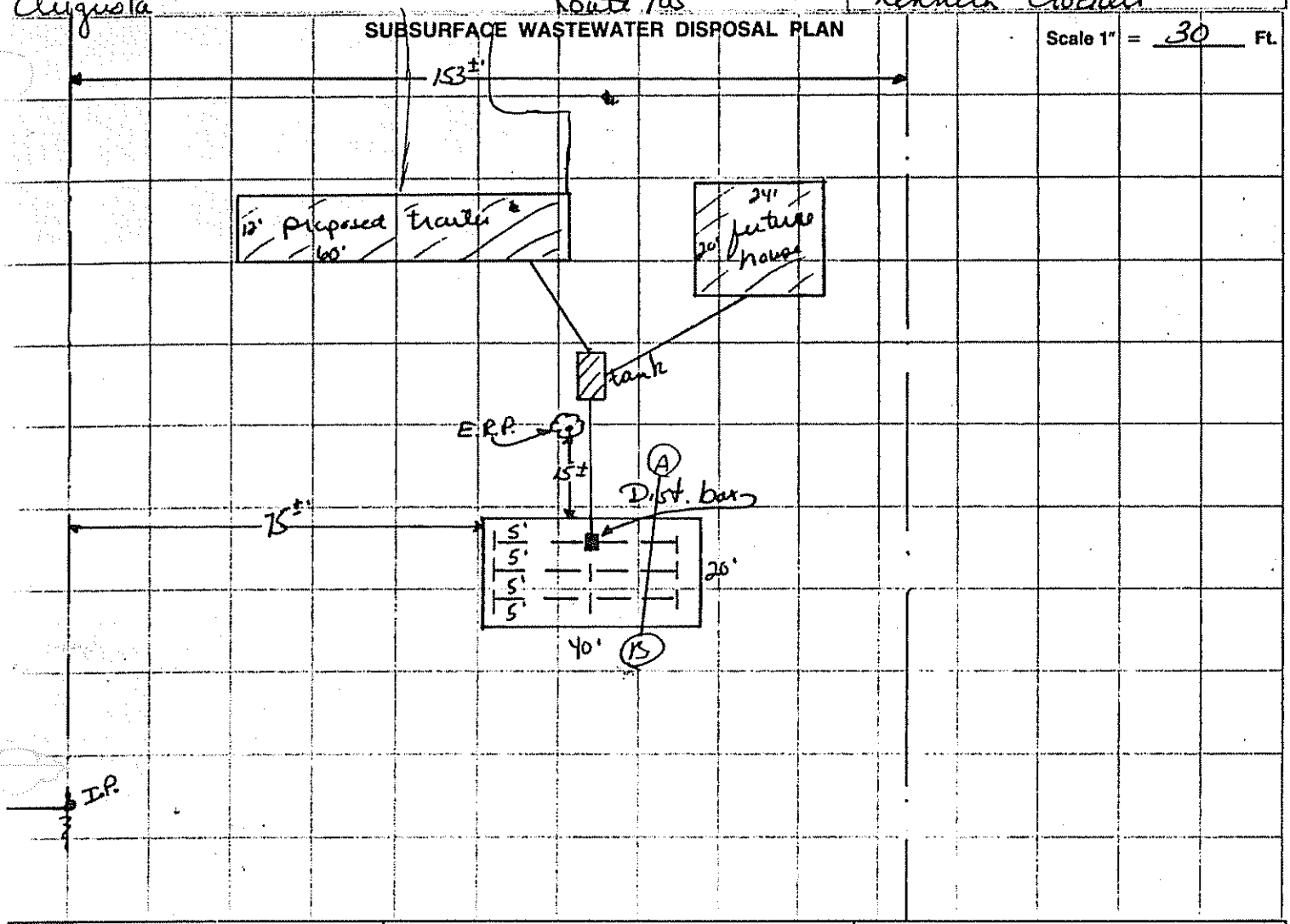
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Route 105	Kenneth Crockett

SUBSURFACE WASTEWATER DISPOSAL PLAN

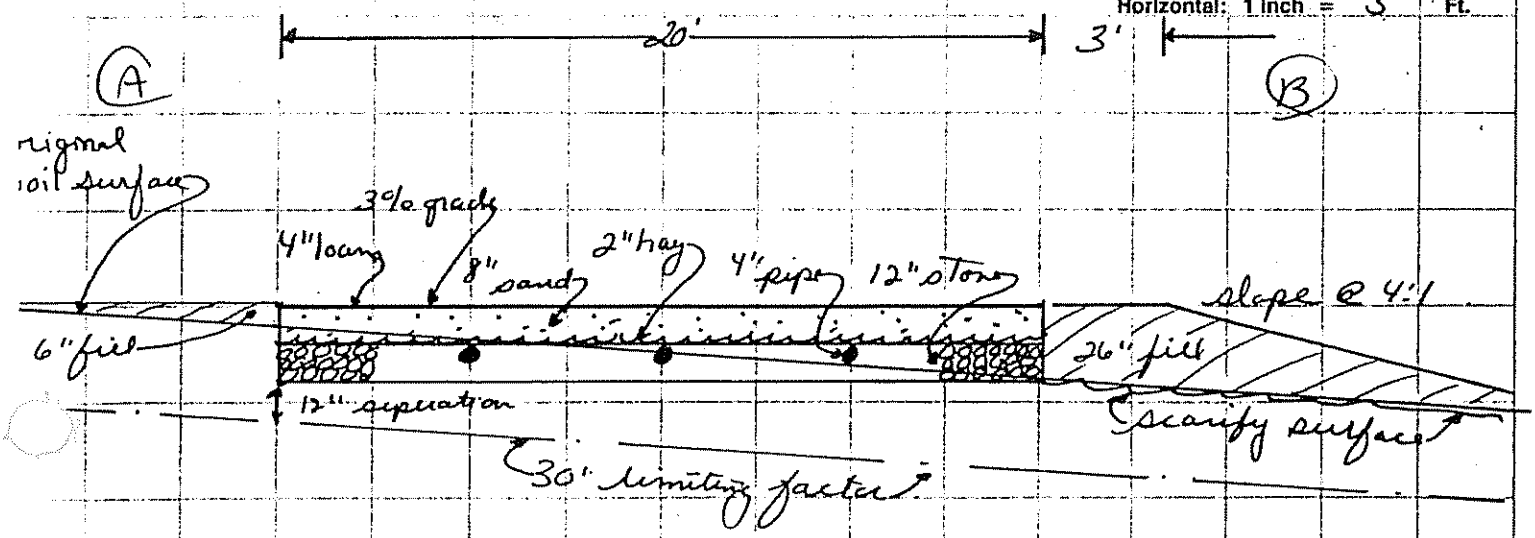
Scale 1" = 30 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	6"	Reference Elevation is nail in 10" ironwood tree	Finish grade of bed is 34" below nail in 10" ironwood tree
Depth of Fill (Downslope)	26"	Bottom of Disposal Area 58" below	
		Top of Distribution Lines or Chambers 46" below	

DISPOSAL AREA CROSS SECTION

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



Stephen E. Goodwin 65 10/31/83