Town

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 #	Leavitt Rd

PROPERTY OWNERS NAME

Last: Rocky First: Gaslin

Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	5 St. Catherine St. Augusta, Me. 04330

AUGUSTA PERMIT # 1,642 TOWN COPY

Date Permit Issued: 6 15 89 $ 40.00 FEE ☐ If Double Fee Charged

Gary F. Fulke L.P.I. # 850

Local Plumbing Inspector Signature

INSPECTED INFILTRATORS ONLY ON 8-21-89 OK JOP

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] 6-7

Signature of Owner/Applicant Date

Caution: Inspection Re

I have inspected the installation authorized be in compliance with the Subsurface Wastewa

Local Plumbing Inspector Signature

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: _____

SIZE OF PROPERTY: ~5.4 ac
ZONING: >250' from Greeley Rd

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

See Attached

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

TYPE OF WATER SUPPLY
Drilled or Dug

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.)
3 Bedroom Minimum Flow

DESIGN FLOW: 270 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
8	AIII/C

DEPTH TO LIMITING FACTOR: Bedrock 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 _____ Sq. Ft.
2. ☒ CHAMBER 576 Sq. Ft. ☒ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

On 6/2/88 (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.

[signature] 201 6/2/88

Site Evaluator Signature SE# Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

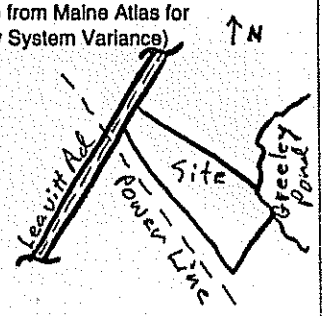
Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Leavitt Rd	Rocky Gaslin

SITE PLAN

Scale 1" = _____ Ft.

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



See Attached

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

Observation Hole TP #1 ☒ Test Pit ☐ Boring

2 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling
0–6: Stoney Fine Sandy Loam	Loose	OK 13v	
		Ov 13v	
10–15:	Friable		
		Med 13v	Common
20–50:			

Soil Profile	Classification Condition	Slope	Limiting Factor	
2	A III / C	17 %	24"	☐ 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
0–6: Fine Sand	Loose	OK 13v	
10:	Friable	Yl 13v	
15: Silt Loam		7+ 13v	
20: Fine Sand	Firm		Common
30–50:			

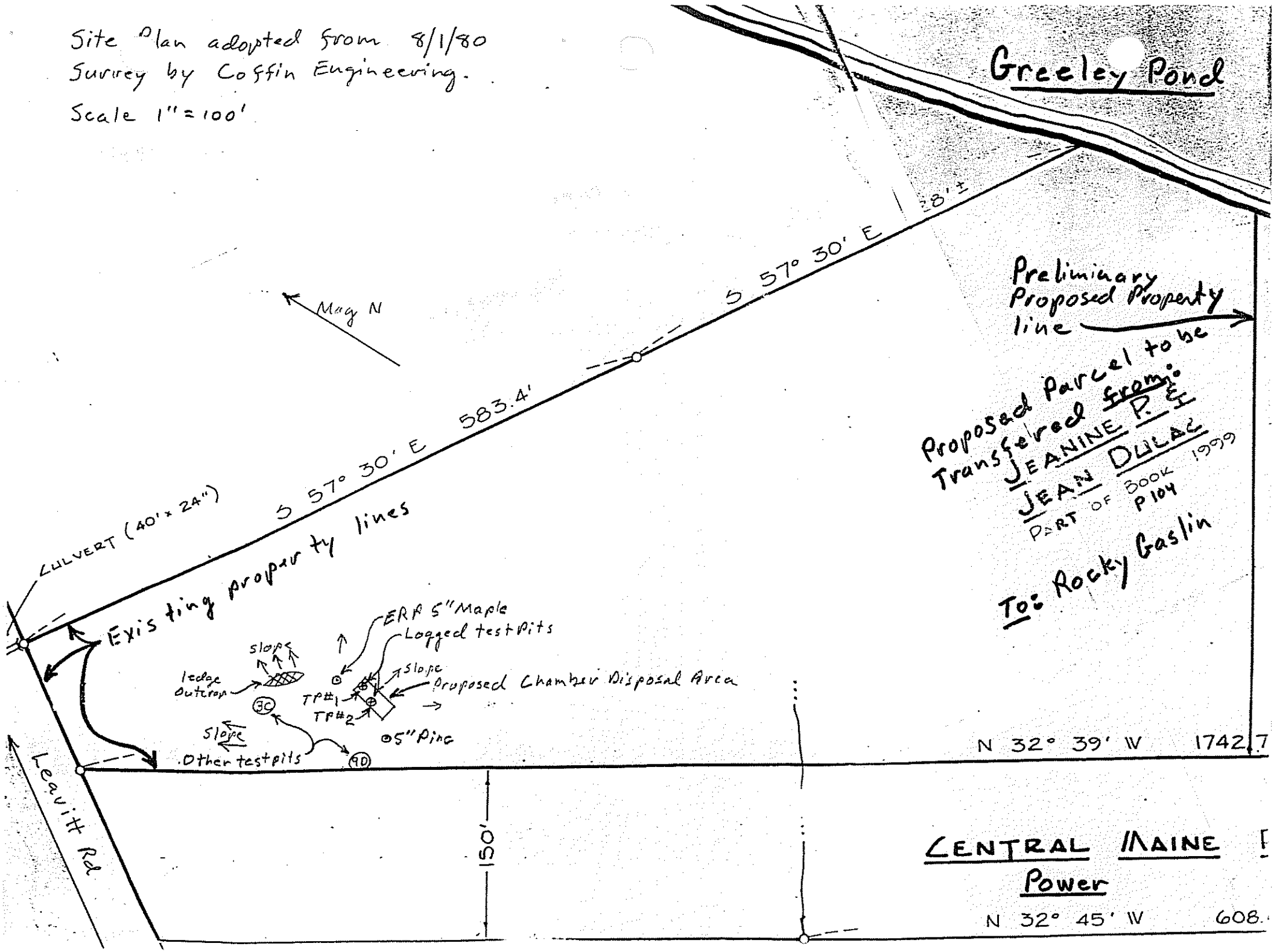
Note: additional wire soundings yielded bedrock > 20"

Soil Profile	Classification Condition	Slope	Limiting Factor	
8	A III / C	12 %	20"	☐ Ground Water ☐ Restrictive Layer ☒ Bedrock

Site Evaluator Signature

201
SE#

6/3/89
Date


Site Plan adopted from 8/1/80 Survey by Coffin Engineering.
Scale 1" = 100'
Greeley Pond
Preliminary Proposed Property line
Proposed Parcel to be Transfered from: JEANINE P. & JEAN DULAC PART OF BOOK 1999 P104
To: Rocky Gaslin
Mag N
S 57° 30' E 583.4'
S 57° 30' E
28'±
CULVERT (40' x 24")
Existing property lines
ERA 5" Maple
Logged test pits
slope
ledge outcrop
TP#1
TP#2
Proposed Chamber Disposal Area
30
90
Other test pits
5" Pine
N 32° 39' W 1742.7
Leavitt Rd
150'
CENTRAL MAINE Power
N 32° 45' W 608.

Department of Human Services
Division of Health Engineering

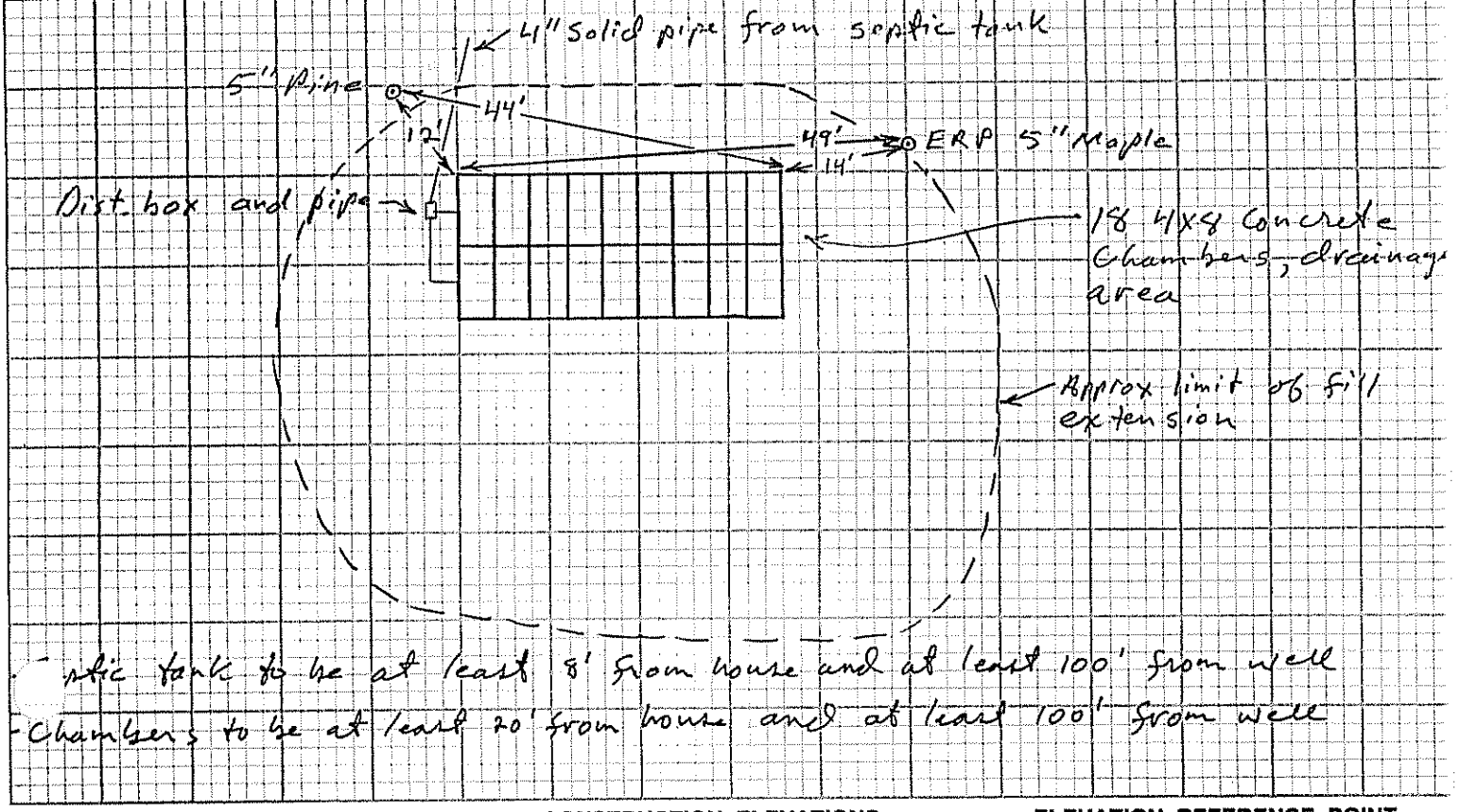
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Leavitt Rd	Rocky Gaslin

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

- All construction to be in accordance w/ state plumbing code.
- at grade to divert surface water runoff and prevent ponding.



- Septic tank to be at least 8' from house and at least 100' from well
- Chambers to be at least 20' from house and at least 100' from well

FILL REQUIREMENTS

Depth of Fill (Upslope)	24"
Depth of Fill (Downslope)	Varies

CONSTRUCTION ELEVATIONS

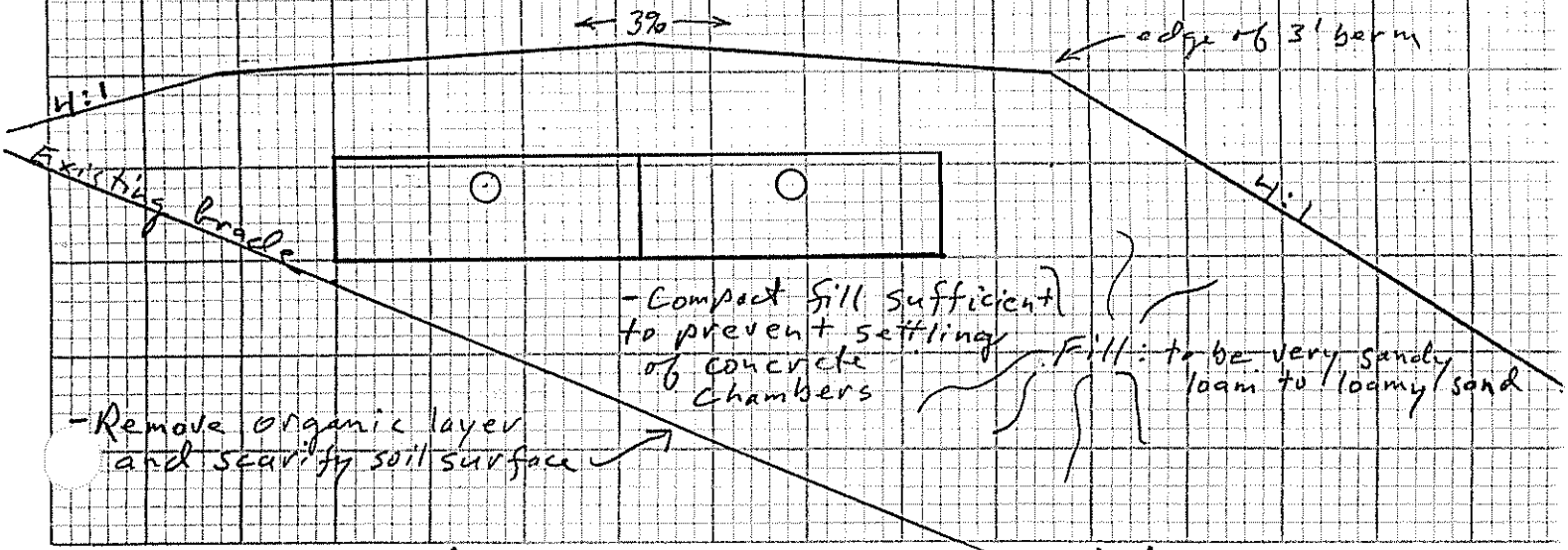
Reference Elevation is		0'00"
Bottom of Disposal Area	60"	-49"
Top of ~~Distribution Lines or~~ Chambers		-36"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

ERP is red flagged nail in 5" Maple (shown)

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 2 Ft.
Horizontal: 1 Inch = 5 Ft.



Site Evaluator Signature | 201 SE# | 6/3/89 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 #: Leavitt Rd

PROPERTY OWNERS NAME

Last: Gaslin First: Rocky

Applicant Name:

Mailing Address of Owner/Applicant (If Different): 5 St. Catherine St. 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: 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.

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. [X] 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. [X] 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. [X] SINGLE FAMILY DWELLING
2. [ ] MODULAR OR MOBILE HOME
3. [ ] MULTIPLE FAMILY DWELLING
4. [ ] OTHER _____ SPECIFY

INSTALLATION IS:
COMPLETE SYSTEM
1. [X] 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: ~5.4 ac

ZONING: Residential + >250' from Greeley Pond

TYPE OF WATER SUPPLY
Proposed: Drilled or Dug

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. [X] SEPTIC: [X] Regular [X] Low Profile or
2. [ ] AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION
1. [X] NONE
2. [ ] LOW VOLUME TOILET
3. [ ] SEPARATED LAUNDRY SYSTEM
4. [ ] ALTERNATIVE TOILET

SPECIFY: _____

PUMPING
1. [ ] NOT REQUIRED
2. [X] 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.)
3 Bedroom minimum

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 17.

SIZE RATINGS USED FOR DESIGN PURPOSES
1. [ ] SMALL
2. [ ] MEDIUM
3. [X] MEDIUM-LARGE
4. [ ] LARGE
5. [ ] EXTRA LARGE

DISPOSAL AREA TYPE/SIZE
1. [ ] BED _____ Sq. Ft.
2. [X] CHAMBER infilt Sq. Ft.
   [ ] REGULAR [ ] H-20 459
3. [ ] TRENCH _____ Linear Ft.
4. [ ] OTHER: _____

DESIGN FLOW: 270 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 7/6/89 (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.

Site Evaluator Signature — SE# 201 — Date 7/6/89

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

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Department of Human Services
Division of Health Engineering

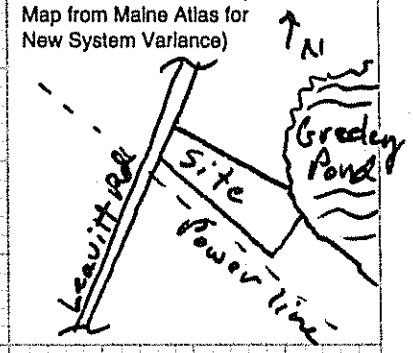
Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Leavitt Rd	Rocky Gaslin

SITE PLAN

Scale 1" = _____ Ft.

See attached page.

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



This is a redesign from original 6/3/89 proposed drain field location. House location and drain field location where not compatible. The redesigned drain field location is over a small area of 3C soils sandwich between exposed/shallow ledge and 9D clay like soils.

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

Observation Hole TP #1 ☒ Test Pit ☐ Boring

1 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Depth	Texture	Consistency	Color	Mottling
0–6	Stoney		DK Br	
6–10	Fine	Loose		
10–15	Sandy		Dr Br	
15–20	Loam	Friable	med Br	Common
20–30	↓	Firm	Grey	

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	C (Condition)	11 %	17 "	☒ 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
0–50				

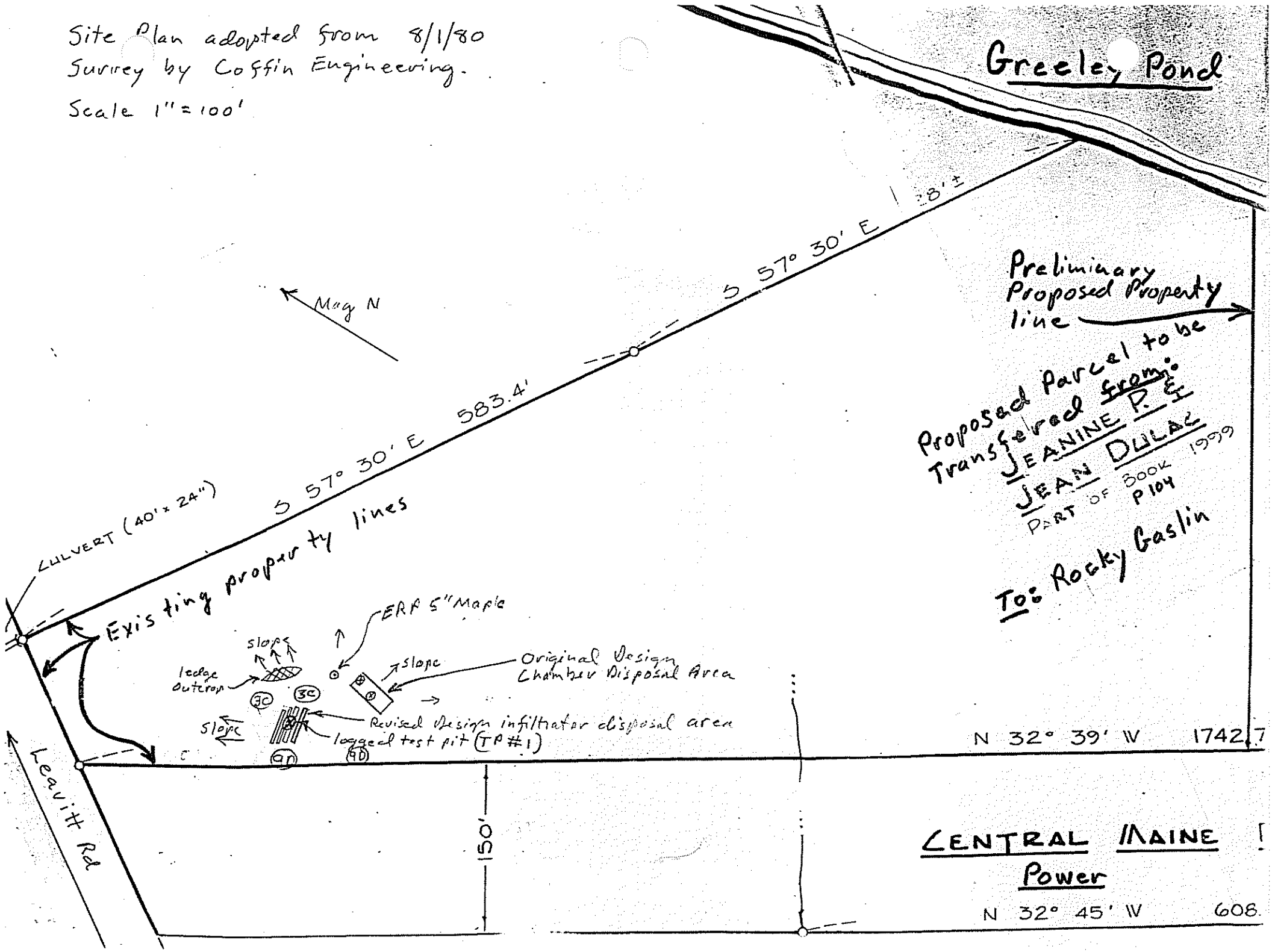
Soil	Classification	Slope	Limiting Factor	
(Profile)	(Condition)	%	"	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

Hamson Bergham
Site Evaluator Signature

201
SE#

7/6/89
Date

Site Plan adopted from 8/1/80
Survey by Coffin Engineering.
Scale 1" = 100'



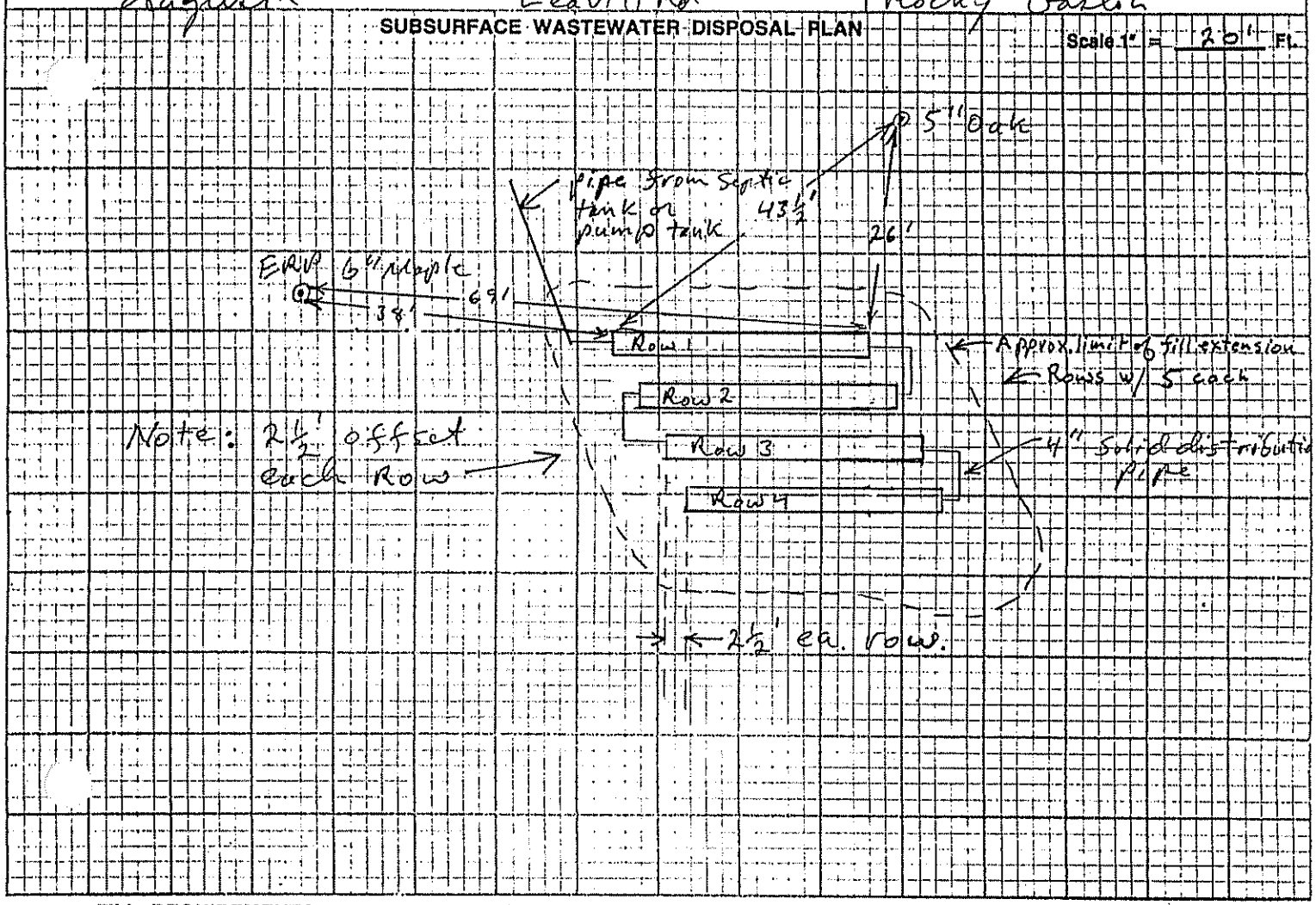
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Leavitt Rd	Rocky Carlin

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 18"
Depth of Fill (Downslope) worst case 27"

CONSTRUCTION ELEVATIONS

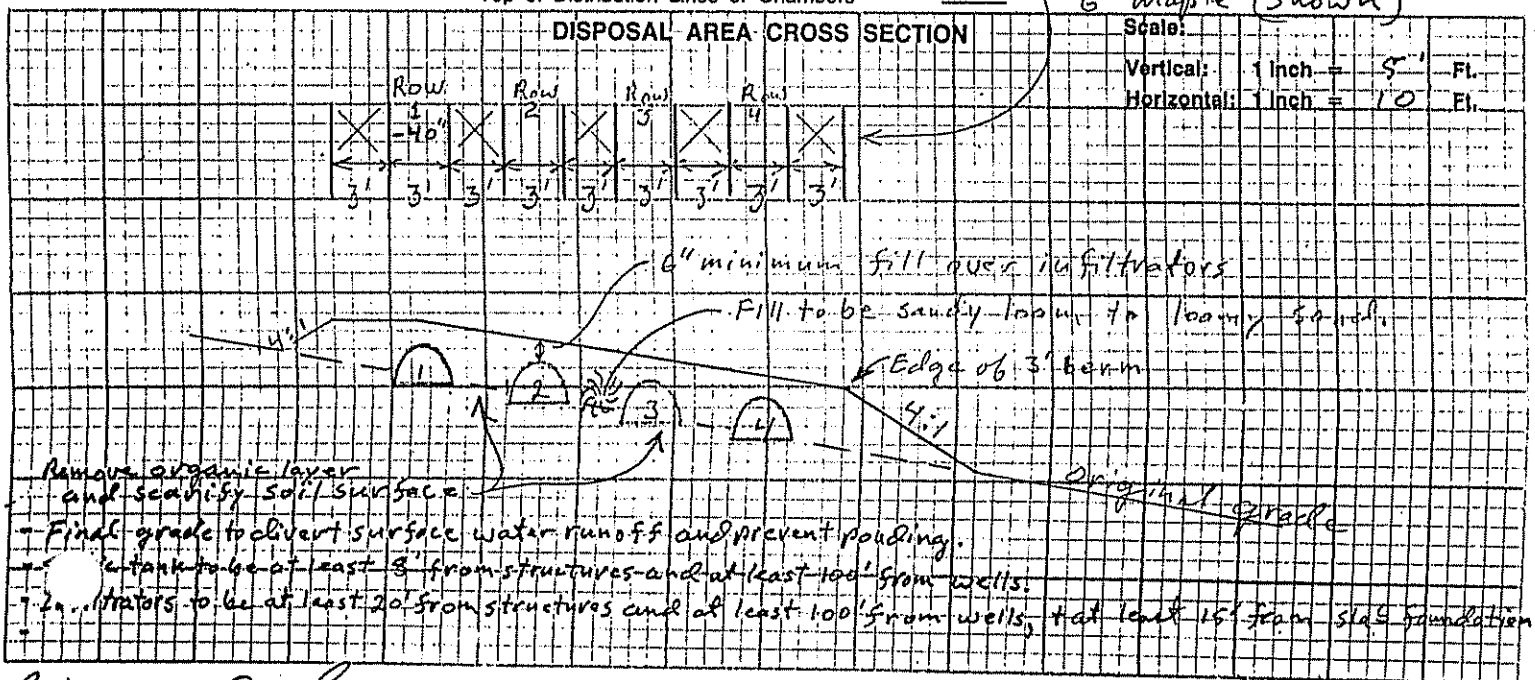
Reference Elevation is 0'00" See Below
Bottom of Disposal Area
~~Top of Distribution Lines or Chambers~~

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

ERP is real flagged nail in 6" maple (shown)

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 5' Ft.
Horizontal: 1 inch = 10 Ft.



- Final grade to divert surface water runoff and prevent ponding.
- Septic tank to be at least 8' from structures and at least 100' from wells.
- Infiltrators to be at least 20' from structures and at least 100' from wells, but at least 16' from slab foundation.

Site Evaluator Signature

201
SE#

7/6/89
Date

HHE-200 Rev. 1/84

DEPARTMENTAL APPROVAL FOR CERTIFICATE
of OCCUPANCY and COMPLIANCE

To be filled in by each division indicated hereon
upon completion of its final inspection.

BUILDINGS Permit No. 8058

Approved by John O. Pucciarelli Date 3-26-90

Remarks .....

.....

PLUMBING Permit No. 1642

Approved by John O Pucciarelli Date 3-26-90

Remarks .....

.....