mid Greenhouse. $40.00 OWCOPY M 11 L215

# 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 # | SPRING RD |

## PROPERTY OWNERS NAME

Last: ARBOUR First: NORMAN

| | |
|---|---|
| Applicant Name: | |
| Mailing Address of Owner/Applicant (If Different) | RT#7 BOX 465 SPRING RD AUGUSTA, ME 04330 |

S/S George Lowery Jr. PEP

AUGUSTA PERMIT # 691 TOWN COPY

Date Permit Issued: 4 26 86 $ 40 FEE ☐ If Double Fee Charged

George Lowery Jr. Local Plumbing Inspector Signature L.P.I. # PEP

## 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.*

X Norman J. Arbour 4-24-86
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.*

George Lowery Jr. 6-25-86
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. ☐ Requiring Local Plumbing Inspector Approval
4. ☐ Requires 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 | ZONING |
|---|---|
| 3.6Ac ± | |

### 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

APR 18 1986

DESIGN FLOW: 300 (GALLONS/DAY)

### SOIL CONDITIONS USED FOR DESIGN PURPOSES

| PROFILE | CONDITION |
|---|---|
| 3 | C |

DEPTH TO LIMITING FACTOR: 18

### 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: _____

## SITE EVALUATOR STATEMENT

(☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

On 3/18/86 (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] #51 3/20/86
Site Evaluator Signature SE# Date

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

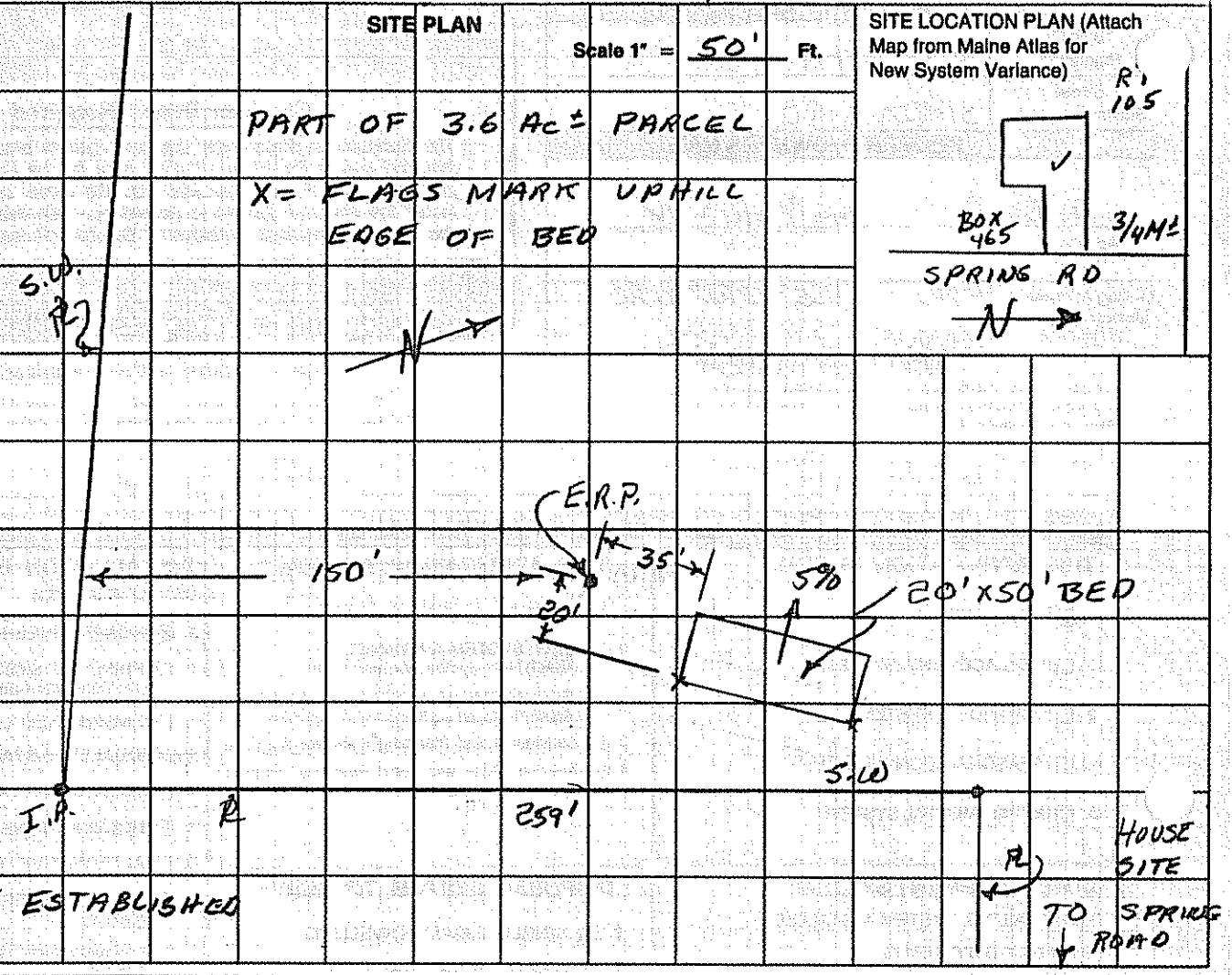
Town, City, Plantation | Street, Road, Subdivision | Owners Name

## SITE PLAN

Scale 1" = 50' Ft.

PART OF 3.6 Ac ± PARCEL

X = FLAGS MARK UPHILL EDGE OF BED




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




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

Observation Hole 1 ☐ Test Pit ☒ Boring

+2 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

| Texture | Consistency | Color | Mottling |
|---|---|---|---|
| S.L. | FRIABLE | B | |
| | | | 18" |
| G.T. | FIRM | G.T. | |

| Soil Profile | Classification Condition | Slope | Limiting Factor | |
|---|---|---|---|---|
| 3 | C | 5 % | 18" | ☒ 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 |
|---|---|---|---|
| | | | |

| Soil Profile | Classification Condition | Slope | Limiting Factor | |
|---|---|---|---|---|
| | | % | | ☐ Ground Water ☐ Restrictive Layer ☐ Bedrock |

#51

3/20/86

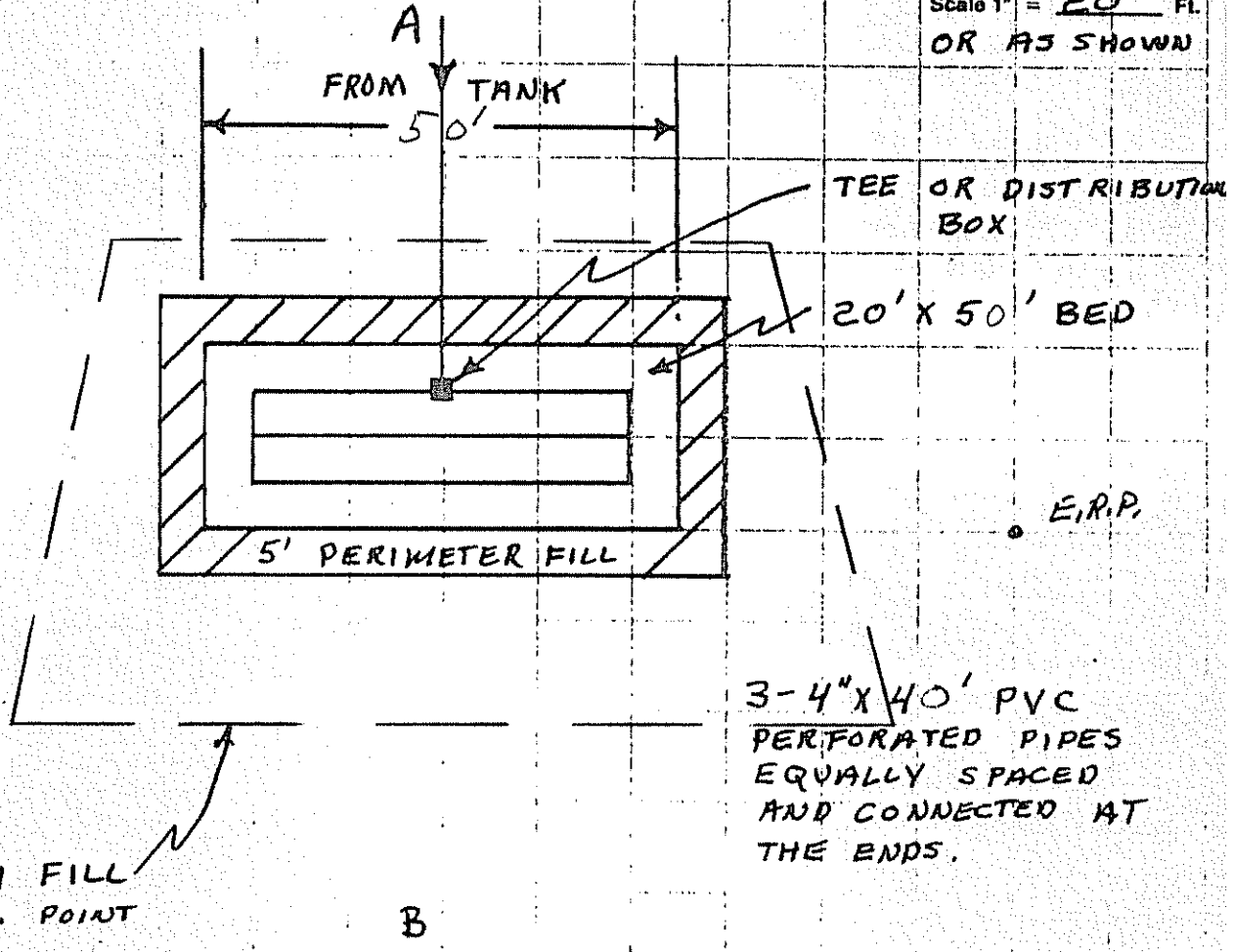
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Municipality (Location): AUGUSTA
Street, Road, Subdivision: SPRING ROAD
Owners Name: ARBOUR

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.
OR AS SHOWN



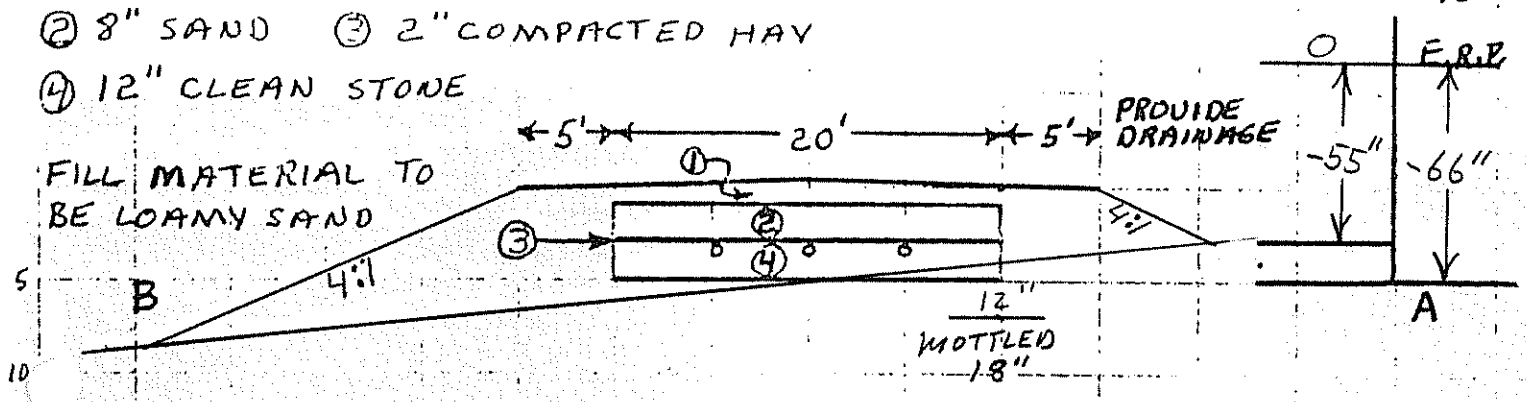

| FILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | | ELEVATION REFERENCE POINT LOCATION & DESCRIPTION |
|---|---|---|---|---|
| Depth of Fill (Upslope) | 18 | Reference Elevation is | 0 | |
| Depth of Fill (Downslope) | 38± | Bottom of Disposal Area | -66 | |
| | | Top of Distribution Lines or Chambers | -55 | NAIL IN 22" PINETREE |

## 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 DATE 3/20/86