SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

M/2 L 70 09288954

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Subdivision Lot #	Route 105 So. Belfast Rd

PROPERTY OWNER'S NAME

Last: Buzzell First: Naomi

Applicant Name:	Naomi Buzzell
Mailing Address of Owner/Applicant (If Different)	R-7 B-295 Augusta Me 04330

AUGUSTA CAUTION: PERMIT REQUIRED

Date Permit Issued: 7/26/93 2722 TOWN COPY

$ 60 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 1012

and the Maine Subsurface Wastewater Disposal Rules.

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.

Naomi Buzzell 7-12-93

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.

Local Plumbing Inspector Signature Date Approved 8/18/93

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

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. ☐ Requires Local Plumbing Inspector Approval
   b. ☐ Requires State and Local Plumbing Inspector Approval
4. ☐ MINIMUM LOT SIZE VARIANCE

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

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 ac+-	

TYPE OF WATER SUPPLY

Drilled well

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 & ELEVATION)
3. ☐ REQUIRED

DOSE: 54 GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING) EMPLOYEES, WATER RECORDS, ETC.)

2 bedrooms

DESIGN FLOW: 240 (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 800 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

On 9/28/88 (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.

Site Evaluator Signature 51 SE# 9/28/88 Date

Approved for use as HHE 200 by Division of Health Engineering 9/87

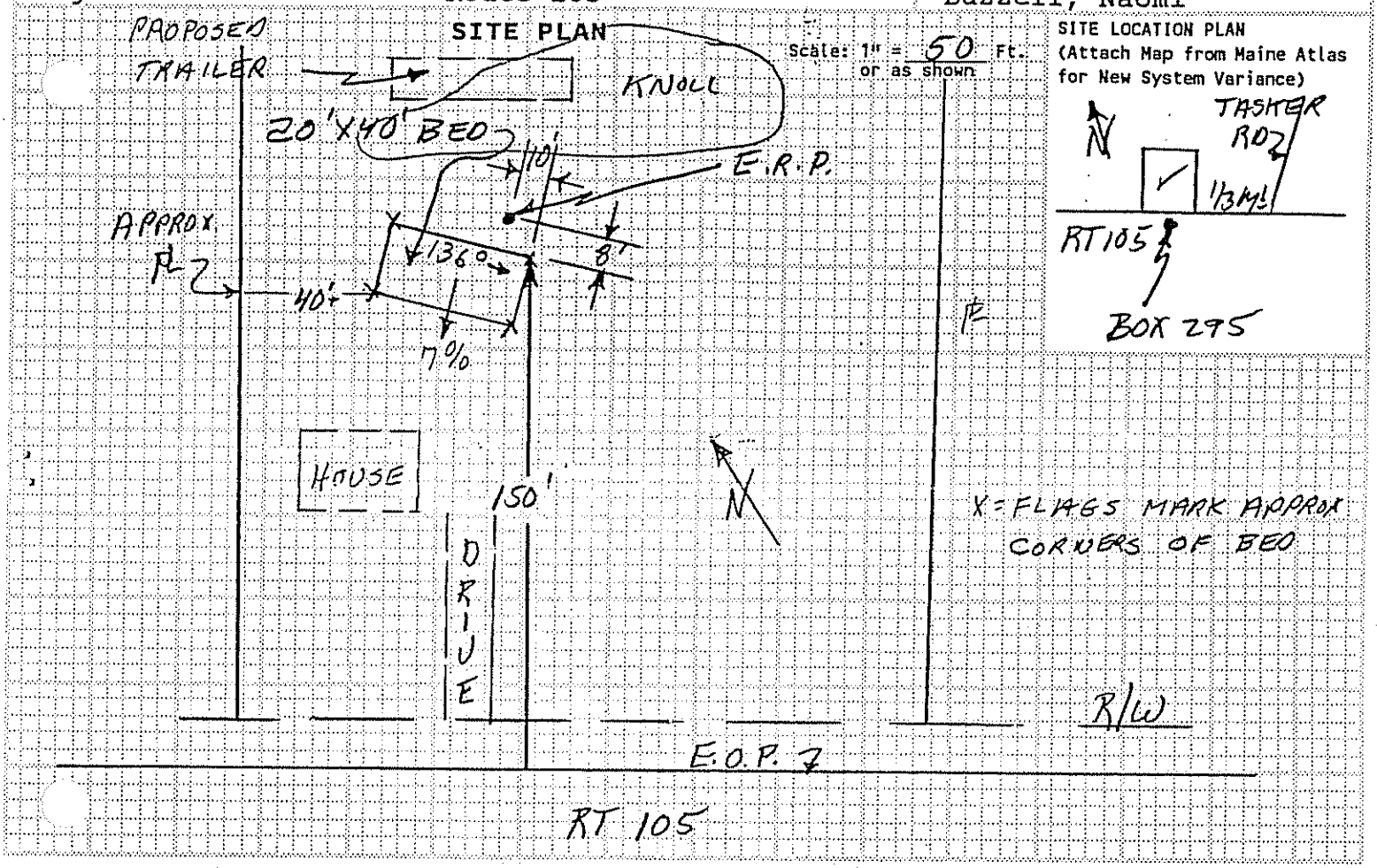
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

09288954

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
Augusta	Route 105	Buzzell, Naomi

SITE PLAN

Scale: 1" = 50 Ft. or as shown



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 ☐ Test Pit ☒ Boring

+2 " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0–6	S.L.	FRIABLE	B	
6–15				
15–20				18"
20–30	G.T.	FIRM	G.B.	
30–50				

Soil Profile	Classification Condition	Slope	Limiting Factor	
3	C	7 %	18	☒ Ground Water ☐ Restr. Layer ☐ Bedrock

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0–6				
6–15				
15–20				
20–30				
30–50				

Soil Profile	Classification Condition	Slope	Limiting Factor	
		%		☐ Ground Water ☐ Restr. Layer ☐ Bedrock

Site Evaluator Signature

SE# 51

Date 9/28/88

Approved for use as HHE 200 by Division of Health Engineering 9/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

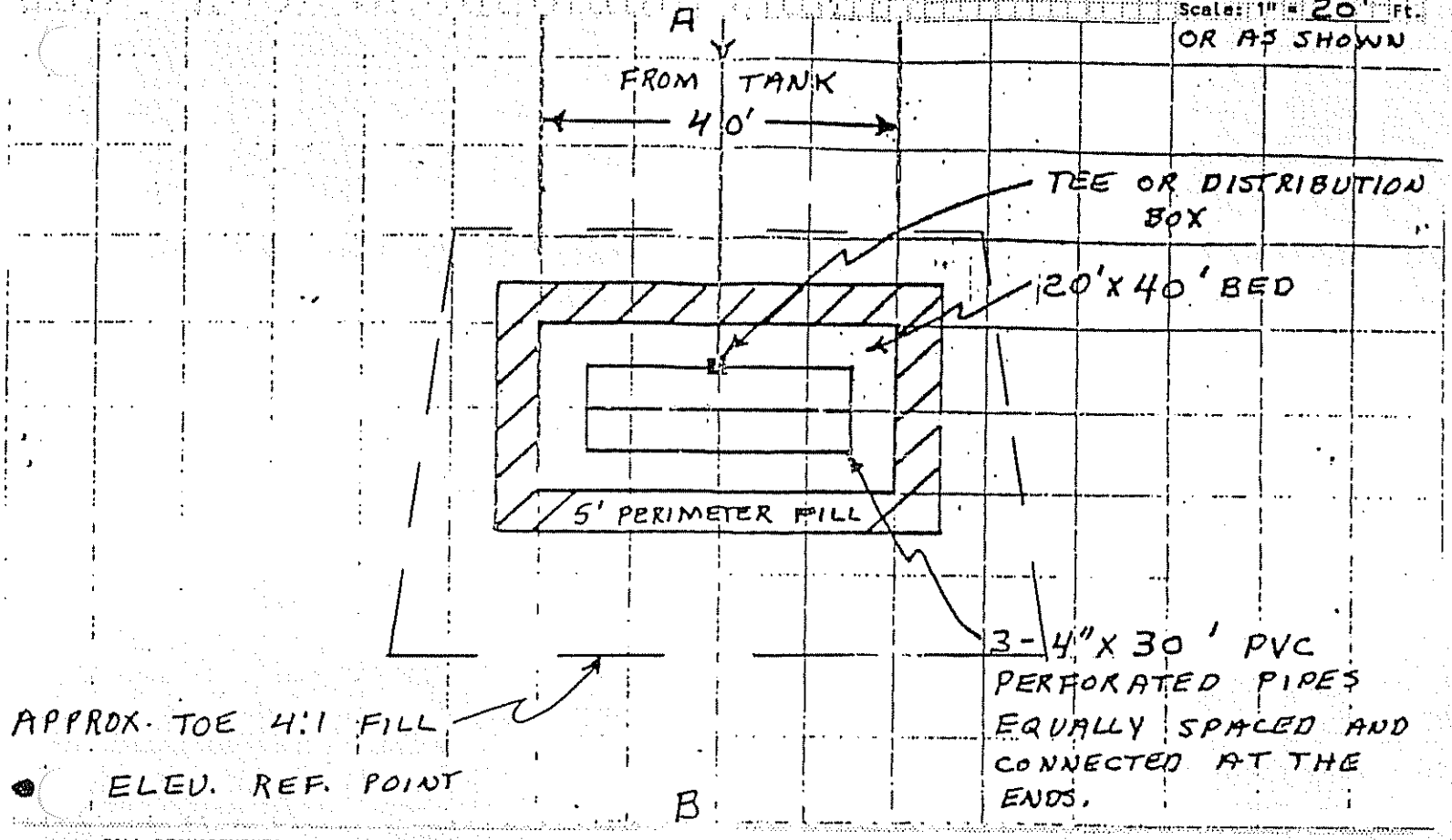
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: RT105

Owner's Name:

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' Ft. OR AS SHOWN

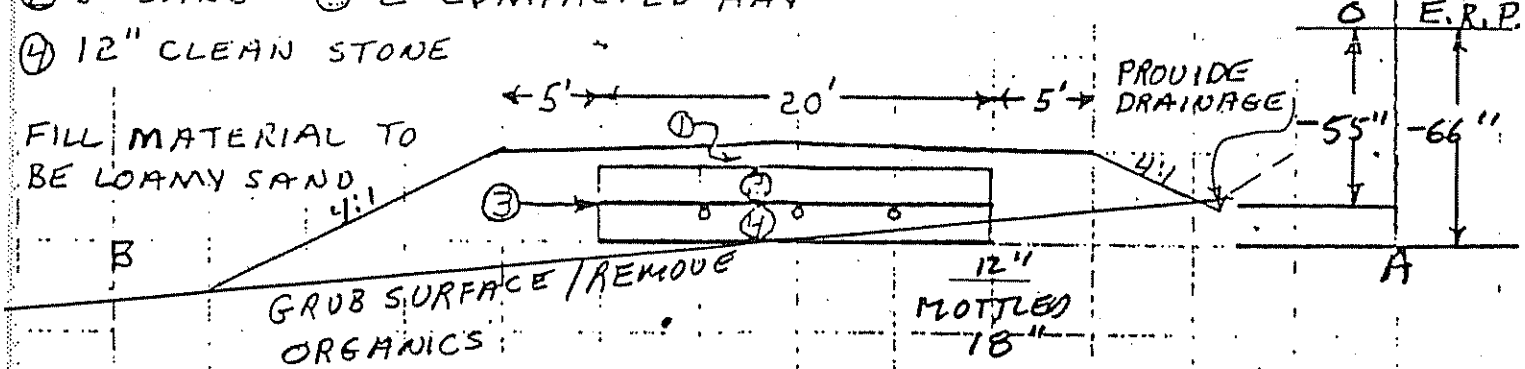


FILL REQUIREMENTS		CONSTRUCTION ELEVATION		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	18"	Reference Elevation is	0	NAIL IN 5" OAK
Depth of Fill (Downslope)	36±"	Bottom of Disposal Area	-66"	
		Top of Distribution Lines or Chambers	-55"	

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



[signature] Site Evaluator Signature

51 SE#

9/28/88 Date

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