OK For A Permit Randy 8/40.00

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
(207) 289-3826

M12 L37

AUGUSTA PERMIT # 549 TOWN COPY

Date Permit Issued: P 19 85

$ 40 FEE ☐ If Double Fee Charged

Robert St Pierre
Local Plumbing Inspector Signature

L.P.I. # 667

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Subdivision Lot #	SPRING ROAD

PROPERTY OWNERS NAME

Last: KILMER First: ROBERT

Applicant Name	R-7 B-285
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

Robert Kilmer — Signature of Owner/Applicant — Date 5/19/85

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 — Date Approved 11/25/85

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1 [X] NEW SYSTEM
2 [ ] REPLACEMENT SYSTEM
3 [ ] EXPANDED SYSTEM
4 [ ] SEASONAL CONVERSION
5 [ ] EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

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

SIZE OF PROPERTY: 16 AC ±

ZONING:

TYPE OF WATER SUPPLY: DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1 [X] SEPTIC [ ] Regular [ ] Low Profile
2 [ ] AEROBIC
SIZE 1000 GALS

WATER CONSERVATION
1 [ ] NONE
2 [X] 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 50 GALS

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

SOIL CONDITIONS USED FOR DESIGN PURPOSES
PROFILE L CONDITION C
DEPTH TO LIMITING FACTOR 17

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

DISPOSAL AREA TYPE/SIZE
1 [X] BED 1000 Sq Ft
2 [ ] CHAMBER _____ Sq Ft
[ ] REGULAR [ ] H-20
3 [ ] TRENCH _____ Linear Ft
4 [ ] OTHER _____

DESIGN FLOW _____ GALLONS/DAY

RECEIVED AUG 6 1985

SITE EVALUATOR STATEMENT

[ ] SITE EVALUATION WAIVED BY LOCAL OPTION

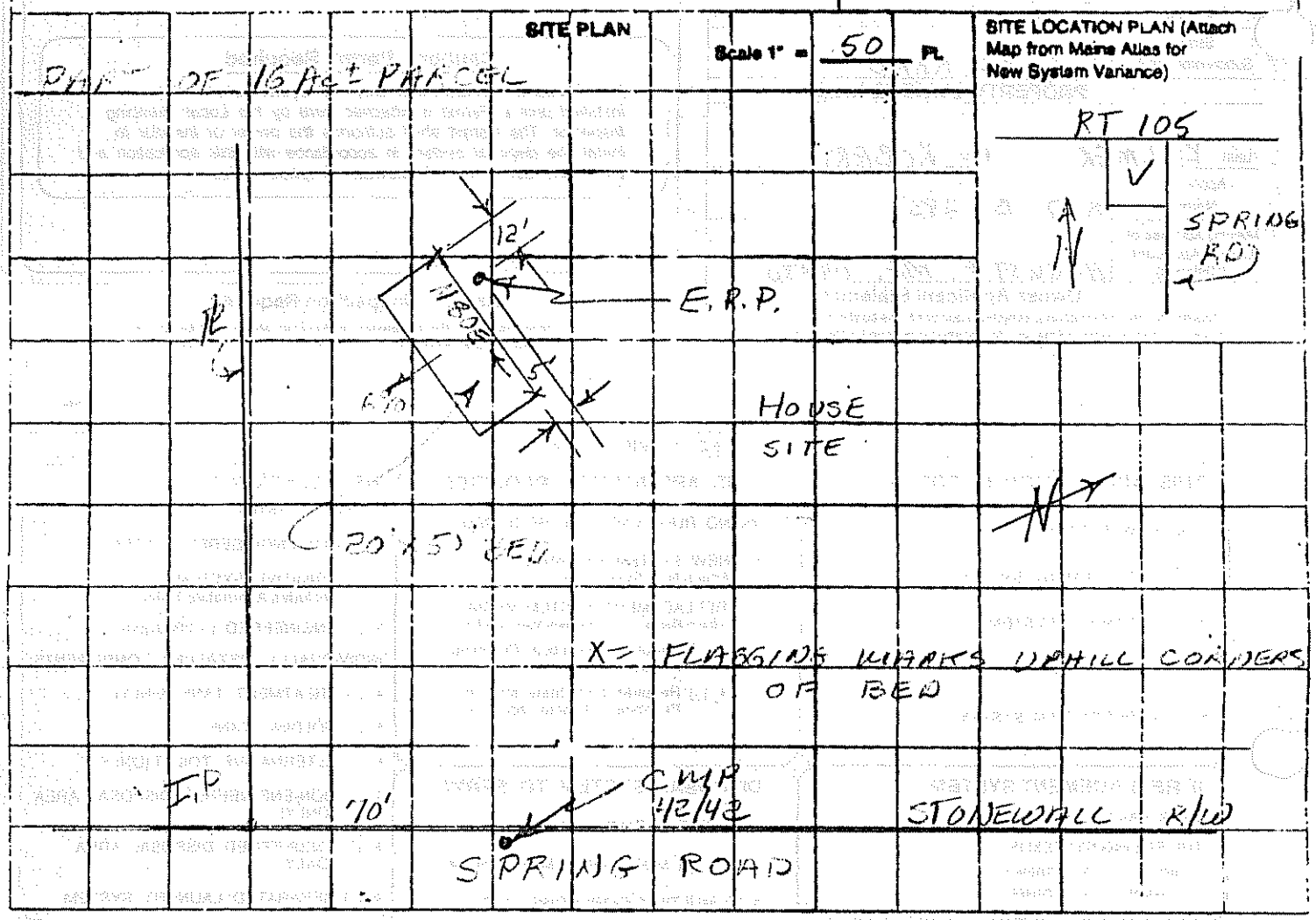
On 5/29/85 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules.

Alan W Richards — Site Evaluator or Professional Engineer's Signature — SE# #51 PE# — Date 5/29/85

* Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Option

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

SITE PLAN Scale 1" = 50 Ft.



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.	
SILTY TILL	FIRM	O.G.	17

Soil	Classification	Slope	Limiting Factor
1	C	6 %	17

Observation Hole ☐ Test Pit ☐ Boring

" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling

Soil	Classification	Slope	Limiting Factor

Site Evaluator or Professional Engineer's Signature | #51 SE# / PE# | 5/29/85 Date

HHE - 200 Rev 4/93

AUGUSTA

SPRING ROAD

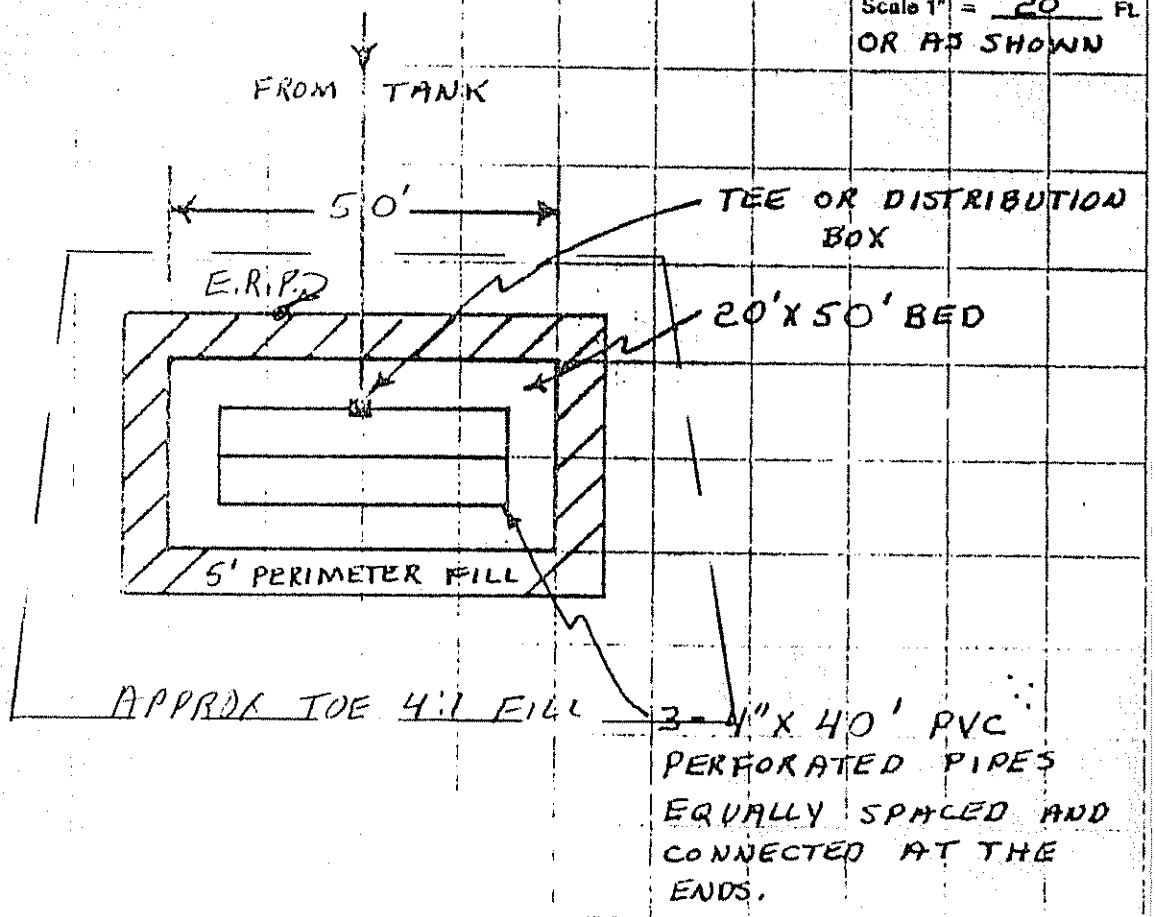
Division of Health Engineering

Owners Name

KILMER

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.
OR AS SHOWN



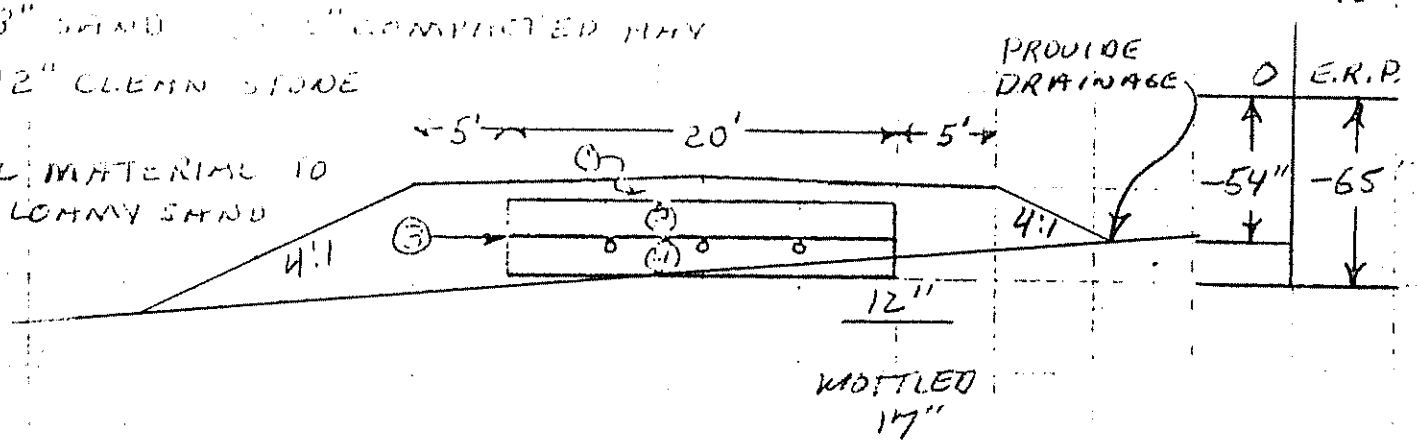
FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	19	Reference Elevation	0	NAIL IN 3" BIRCH
Depth of Fill (Downslope)	28±	Bottom of Disposal Area	-65"	
		Top of Disposal Area (Upslope)	-54"	

DISPOSAL AREA CROSS SECTION

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

① 3" TOPSOIL GROWNED @ 5%
② 3" SAND @ 2" COMPACTED HAY
④ 12" CLEAN STONE

FILL MATERIAL TO BE LOAMY SAND



Wm W R[illegible]

#51

5/29/85

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: AUGUSTA

Street Subdivision Lot #: SPRING ROAD

PROPERTY OWNERS NAME

Last: KILMER First: ROBERT

Applicant Name: R-7 B-285

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: 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. [ ] SEASONAL CONVERSION
5. [ ] EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

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

SIZE OF PROPERTY: 16 AC ±

ZONING:

TYPE OF WATER SUPPLY

DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. [X] SEPTIC [ ] Regular [ ] Low Profile
2. [ ] AEROBIC

SIZE 1000 GALS

WATER CONSERVATION

1. [ ] NONE
2. [X] 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 50 GALS

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

2 BEDROOM

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: L CONDITION: C

DEPTH TO LIMITING FACTOR: 17

SIZE RATINGS USED FOR DESIGN PURPOSES

1. [ ] SMALL
2. [ ] MEDIUM
3. [ ] MEDIUM-LARGE
4. [X] LARGE
5. [ ] EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. [X] BED 1000 Sq. Ft.
2. [ ] CHAMBER _____ Sq. Ft. [ ] REGULAR [ ] H-20
3. [ ] TRENCH _____ Linear Ft.
4. [ ] OTHER _____

DESIGN FLOW: 240 (GALLONS DAY)

SITE EVALUATOR STATEMENT

[ ] SITE EVALUATION WAIVED BY LOCAL OPTION

On 5/29/85 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules.

Site Evaluator or Professional Engineer's Signature — SE# / PE# #51 — Date 5/29/85

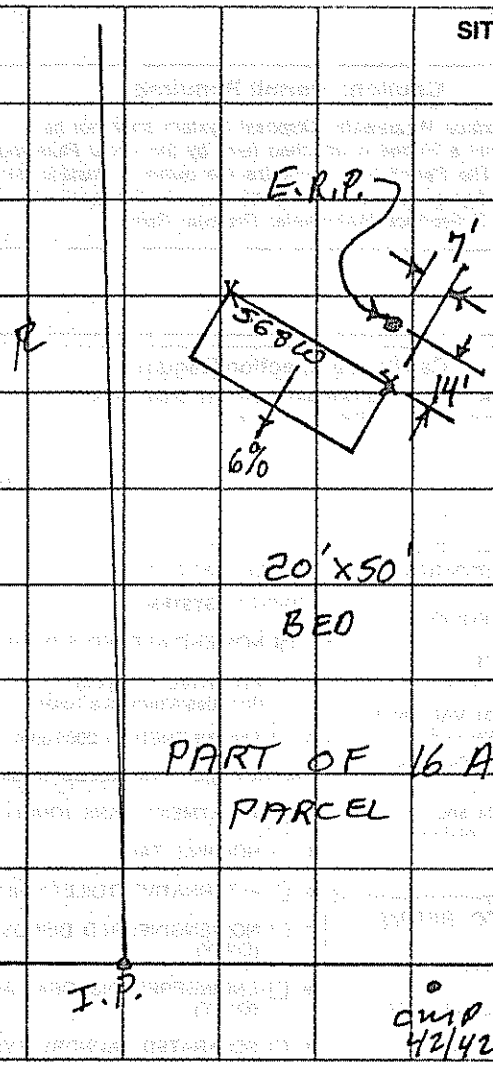
* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Option

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

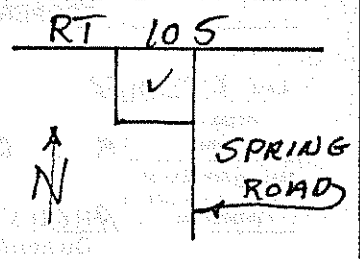
Department of Human Services
Division of Health Engineering

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

SITE PLAN Scale 1" = 50' Ft.



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

12 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Depth	Texture	Consistency	Color	Mottling
0–6	S.L.	FRIABLE	B	
30–50	SILTY TILL	FIRM	O.G.	

Soil Profile	Classification Condition	Slope %	Limiting Factor	
1	C	6	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

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

[signature] #51 5/29/85

SUBSURFACE WASTEWATER DISPOSAL PLAN

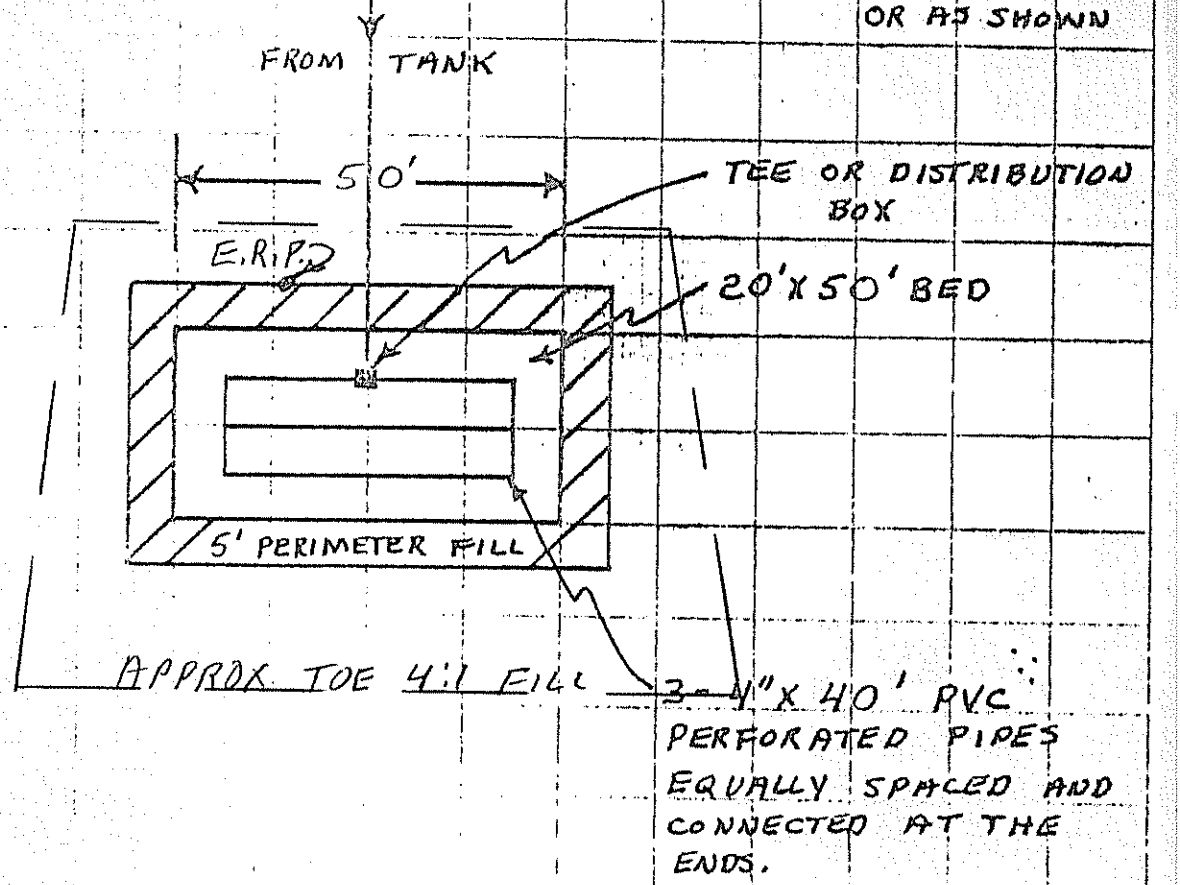
Division of Health Engineering

Owners Name: KILMER

Street Address: SPRING ROAD

Town, City, Plantation: AUGUSTA

Scale 1" = 20 Ft. OR AS SHOWN



REVISED 11/6/85 Wm W. Richard

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	19	Reference Elevation	0	NAIL IN 3" BIRCH
Depth of Fill (Downslope)	28±	Bottom of Disposal Area	-70"	
		Top of Distribution Lines or Chambers	-59"	

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.

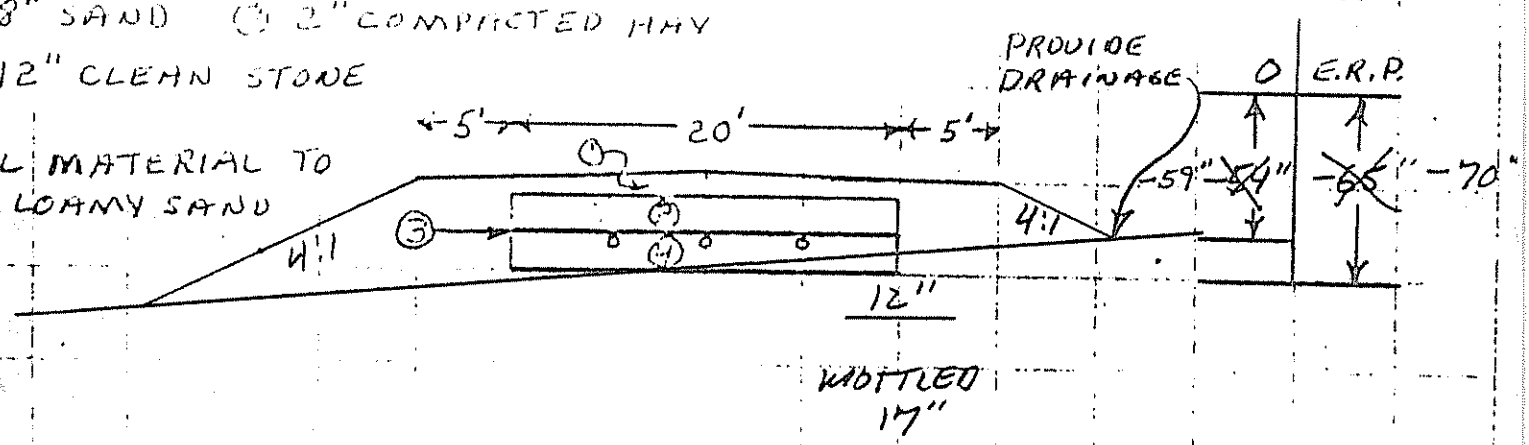
Horizontal: 1 inch = 10 Ft.

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

Sanitary Engineer or Professional Engineer Signature

#51

5/29/85

Date

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