M12 L39A

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

5/11/92 Inspected field only. KRY.

**Caution: Permit Required**

AUGUSTA Date Permit Issued: 3/13/92 $ 2373 FEE 760 TOWN COPY ☐ Double Fee Charged

Local Plumbing Inspector Signature: Gary R. Tuttle L.P.I. # 185D

## PROPERTY ADDRESS

| | |
|---|---|
| Town Or Plantation | AUGUSTA |
| Street Subdivision Lot # | SPRING ROAD |

## PROPERTY OWNERS NAME

Last: BAKER First: GARY

| | |
|---|---|
| Applicant Name: | |
| Mailing Address of Owner/Applicant (If Different) | RR 4 BOX 1945 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.*

Gary L. Baker — 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.*

Gary R. Tuttle — Local Plumbing Inspector Signature — 7/6/92 Date Approved

## 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: _____

**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

**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

| SIZE OF PROPERTY | ZONING |
|---|---|
| 44± ACRES | RU |

**TYPE OF WATER SUPPLY**
PROPOSED DRILLED WELL

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

**TREATMENT TANK**
1. ☒ SEPTIC: ☒ Regular OR ☒ 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: 40± GALS.

**CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)**
3 BEDROOM SINGLE FAMILY DWELLING
DESIGN FLOW: 270 (GALLONS/DAY)

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

| PROFILE | CONDITION |
|---|---|
| 3 | AIII/C |

DEPTH TO LIMITING FACTOR: 24

**SIZE RATINGS USED FOR DESIGN PURPOSES**
1. ☐ SMALL
2. ☐ MEDIUM
3. ☒ MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

**DISPOSAL AREA TYPE/SIZE**
1. ☒ BED 900 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

**SITE EVALUATOR STATEMENT**—DESIGN SUBJECT TO LOCAL, STATE & FEDERAL ORDINANCES

On 11/13/91 (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.

John W. [illegible] — Site Evaluator Signature — 168 SE# — 11/14/91 Date

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

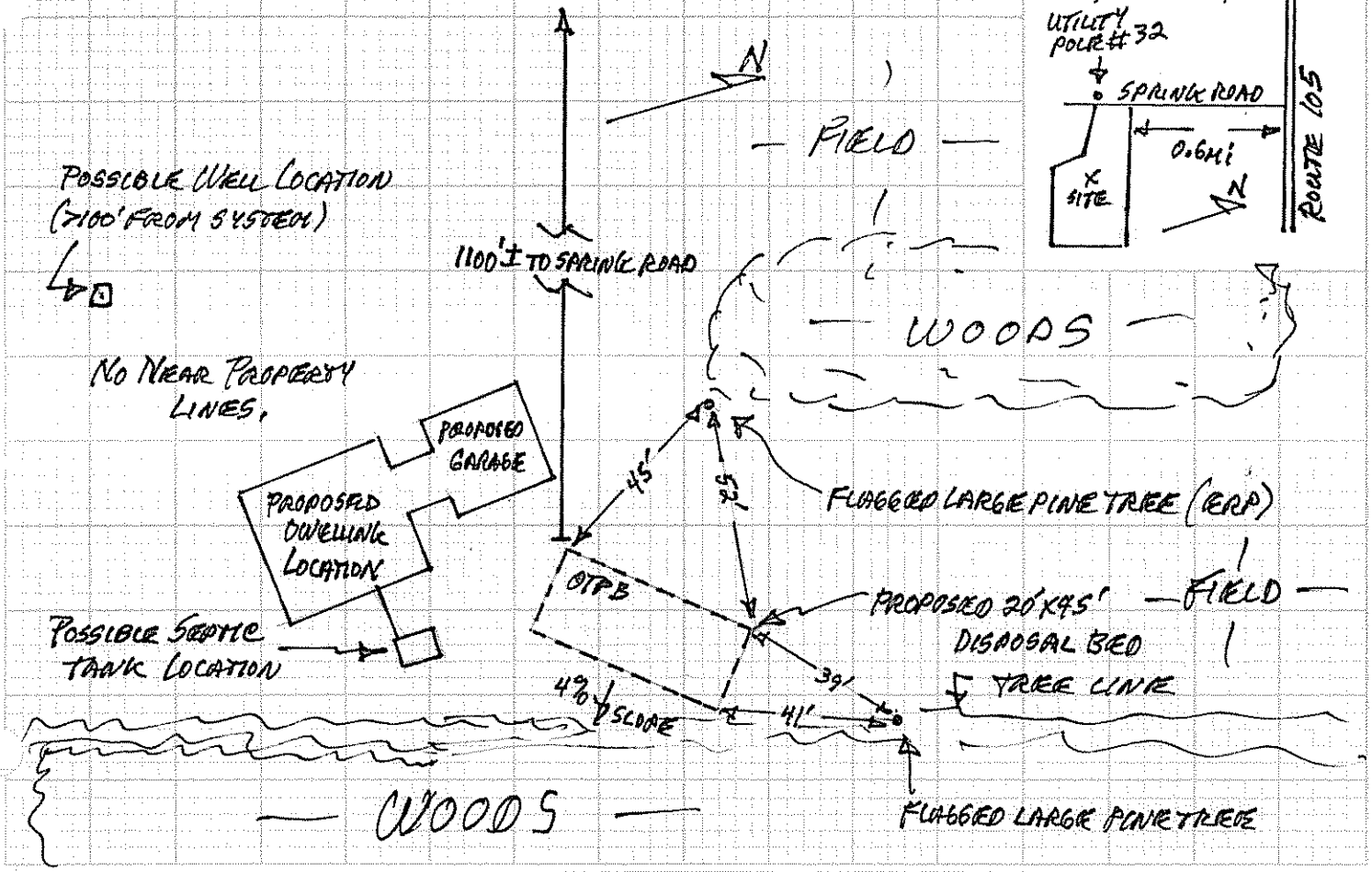
Department of Human Services
Division of Health Engineering

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: SPRING ROAD
Owners Name: GARY BAKER

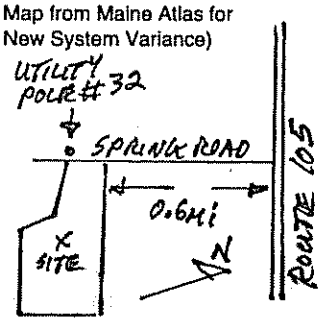
**SITE PLAN**

LOT HAS 300'± ROAD FRONTAGE

Scale 1" = 40 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 TP B ☒ Test Pit ☐ Boring

ONE " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

| Texture | Consistency | Color | Mottling |
|---|---|---|---|
| LOAM | | BROWN | |
| SANDY | FRIABLE | YELLOW BROWN | |
| LOAM | | MIXED BROWNS | COMMON FAINT |
| | FIRM | | |
| | BEDROCK | | |

| Soil Profile | Classification Condition | Slope % | Limiting Factor | ☐ Ground Water ☐ Restrictive Layer ☒ Bedrock |
|---|---|---|---|---|
| 3 | A/C | 4 | 24" | |

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 |
|---|---|---|---|---|
| | | | | |

Site Evaluator Signature: John W. Colby

SE#: 168

Date: 11/14/91



HHE-200 Rev.1/84

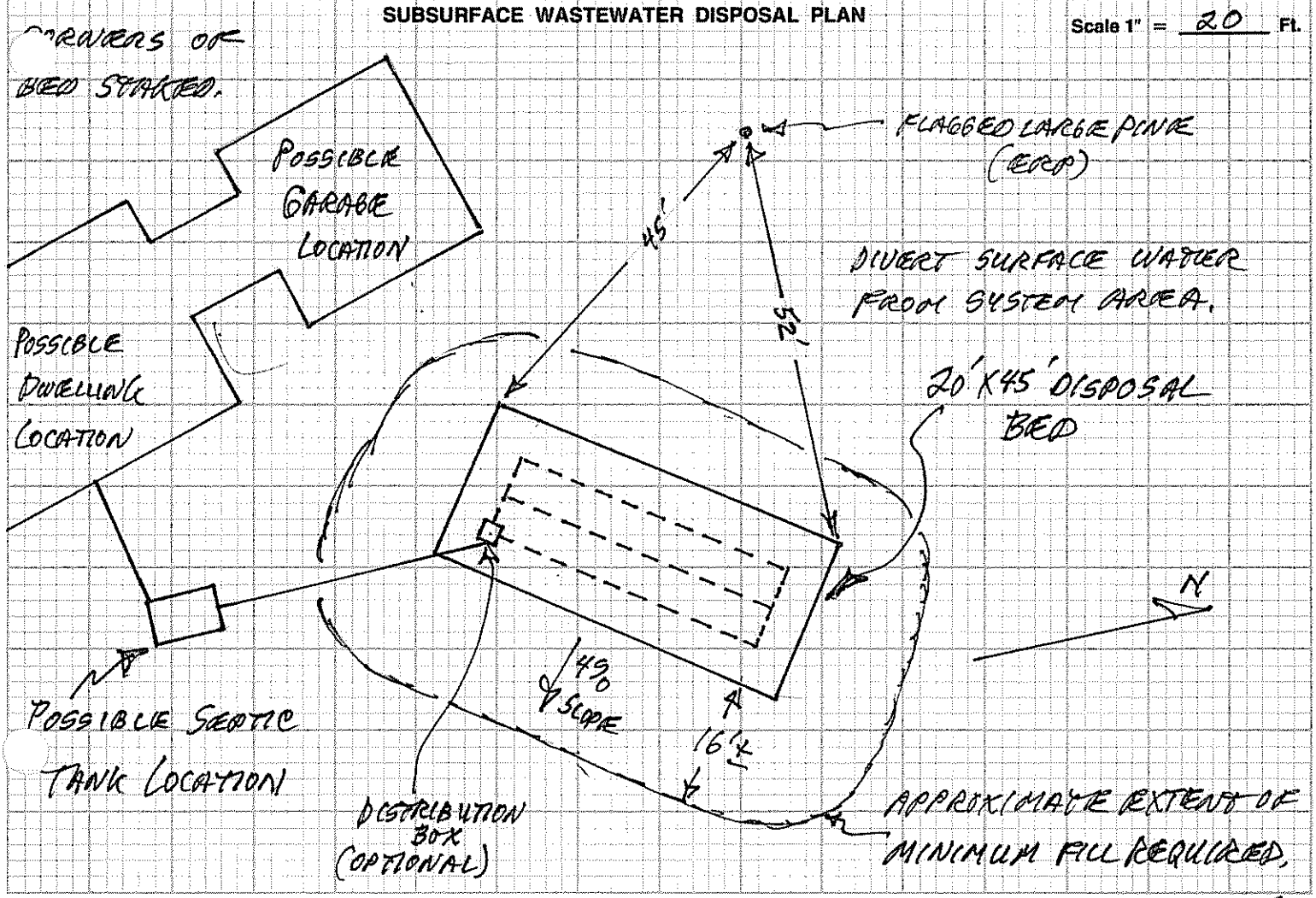
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

| Town, City, Plantation | Street, Road, Subdivision | Owners Name |
|---|---|---|
| AUGUSTA | SPRING ROAD | GARY BAKER |

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.




| FILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | | ELEVATION REFERENCE POINT (ERP) LOCATION & DESCRIPTION |
|---|---|---|---|---|
| Depth of Fill (Upslope) | 24" | Reference Elevation is | 0 | |
| Depth of Fill (Downslope) | 33±" | Bottom of Disposal Area | -54" | FLAGGED NAIL IN PINE TREE 33" |
| | | Top of Distribution Lines ~~or Chambers~~ | -43" | ABOVE EXISTING GRADE AT TREE. |

## DISPOSAL AREA CROSS SECTION

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

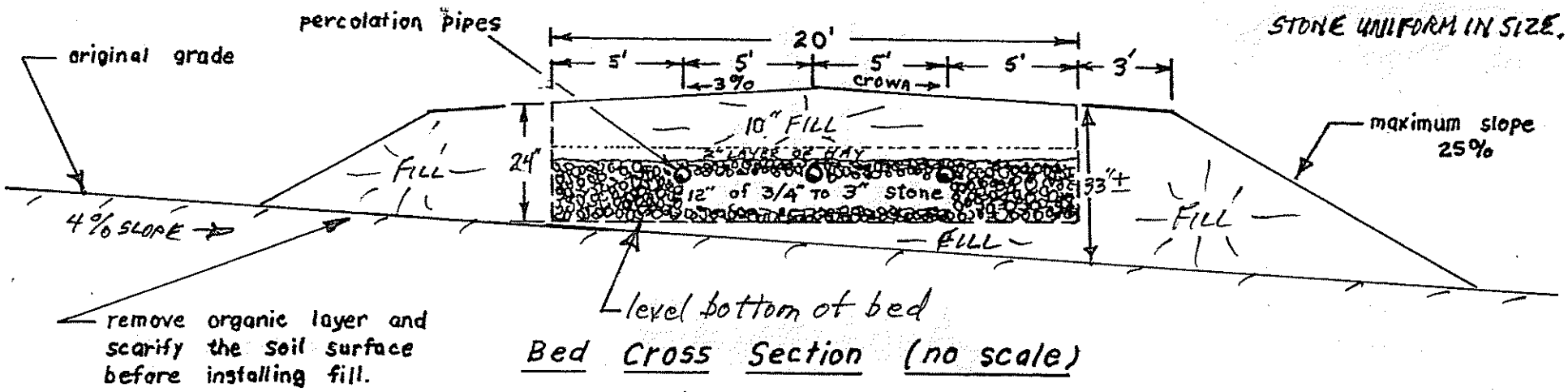
(SEE ATTACHED BED DIAGRAM)

| Site Evaluator Signature | SE# | Date |
|---|---|---|
| [signature] | 168 | 11/14/91 |

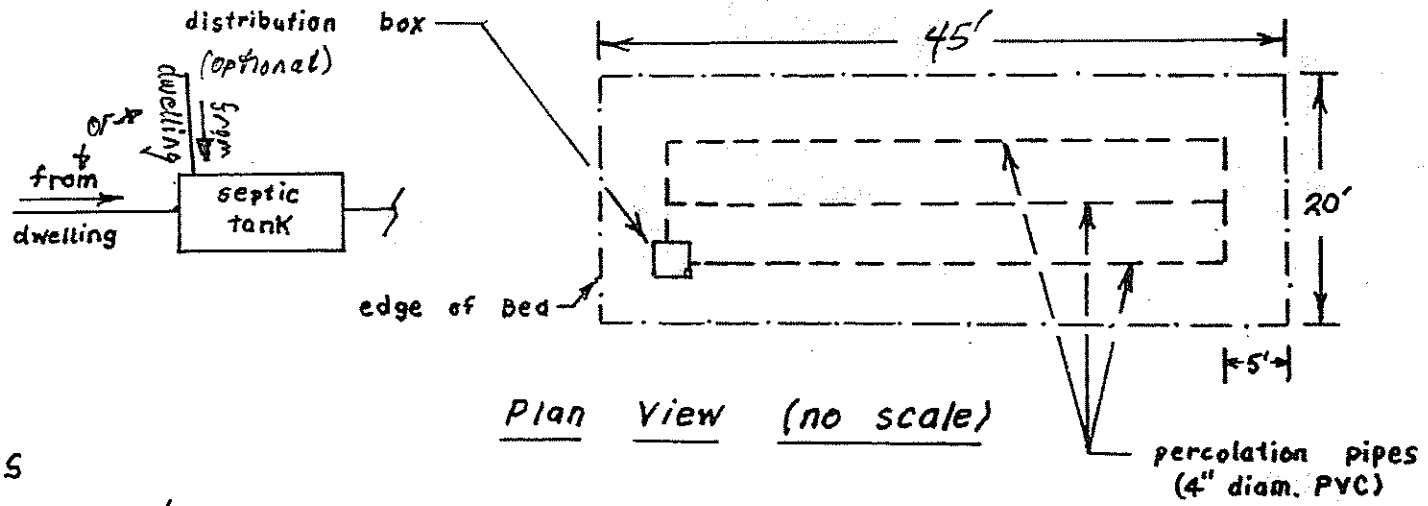
# • SEWAGE DISPOSAL BED DETAILS •

LOAM + MULCH TO COVER.

BED REQUIRES CLEAN STONE UNIFORM IN SIZE.




Bed Cross Section (no scale)




Plan View (no scale)

NOTES

1.) 24 inches of fill is required at uphill side of bed.
2.) Texture of fill shall be sandy loam or coarser.
3.) Refer to the MAINE STATE PLUMBING CODE, PART II for further details regarding installation procedures.

FOR: GARY BARKER

DATE: 11/14/91

BY: JOHN W. LORD, JR. # 168