SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	Augusta 2893897
Street Subdivision Lot #	Hospital Street

PROPERTY OWNERS NAME

Last: Maine, State of Bureau of Public Lands
First:

Applicant Name:	Cliff West Pine Tree State Arboretum
Mailing Address of Owner/Applicant (If Different)	Hospital Street Augusta, ME 04330

13-1

AUGUSTA PERMIT # 1,262 TOWN COPY

Date Permit Issued: 5/1/88 $ 150.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 1808

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: 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 6/27/88

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 Visitor Center (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
200 Ac.	Rural/Residential

TYPE OF WATER SUPPLY
Municipal System

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☒ SEPTIC: ☒ Regular ☐ Low Profile
2. ☐ AEROBIC

SIZE: 1,000 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: min of 100 GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)
Up to 50 visitors a day; 6 GPD per visitor. Low volume toilets.

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
9	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 _____ Sq. Ft.
2. ☒ CHAMBER 675 Sq. Ft.
☒ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: 270 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On Sept. 23, 1987 (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# 157 Date 11/2/87

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

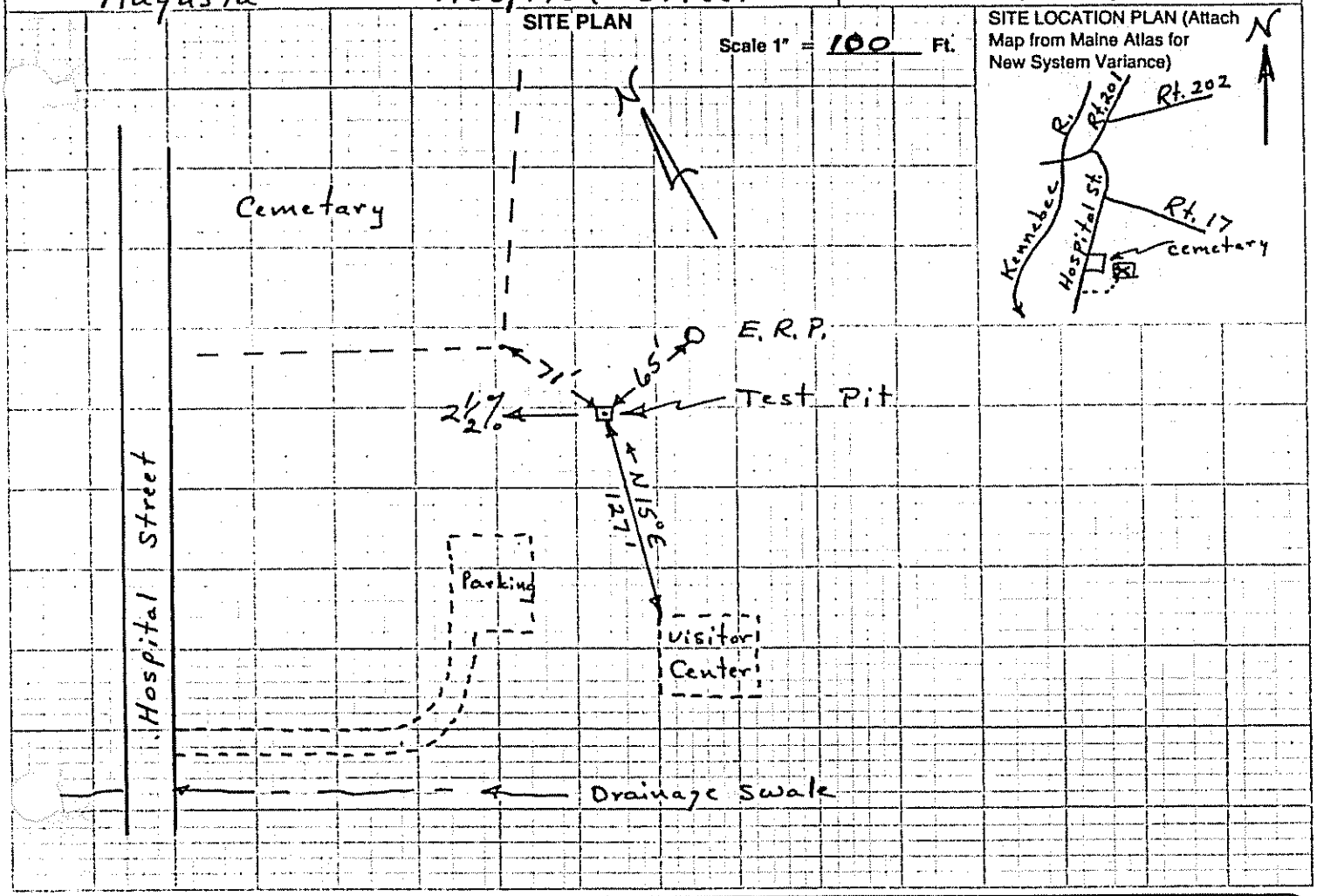
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: Augusta
Street, Road, Subdivision: Hospital Street
Owners Name: Pine Tree State Arboretum

SITE PLAN

Scale 1" = 100 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

0 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	Loam	Friable	Brown	None
6–15	Silt Loam	Friable	Olive-brown	None
15–30	Silt Loam	Friable	olive	Few Mottles
30–50	Silty Clay Loam	Firm	Dark olive	Common Mottles

Soil Profile	Classification Condition	Slope	Limiting Factor	
9	C	2½ %	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
0–50				

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

Kenneth G. Stratton
Site Evaluator Signature

157
SE#

11/2/87
Date

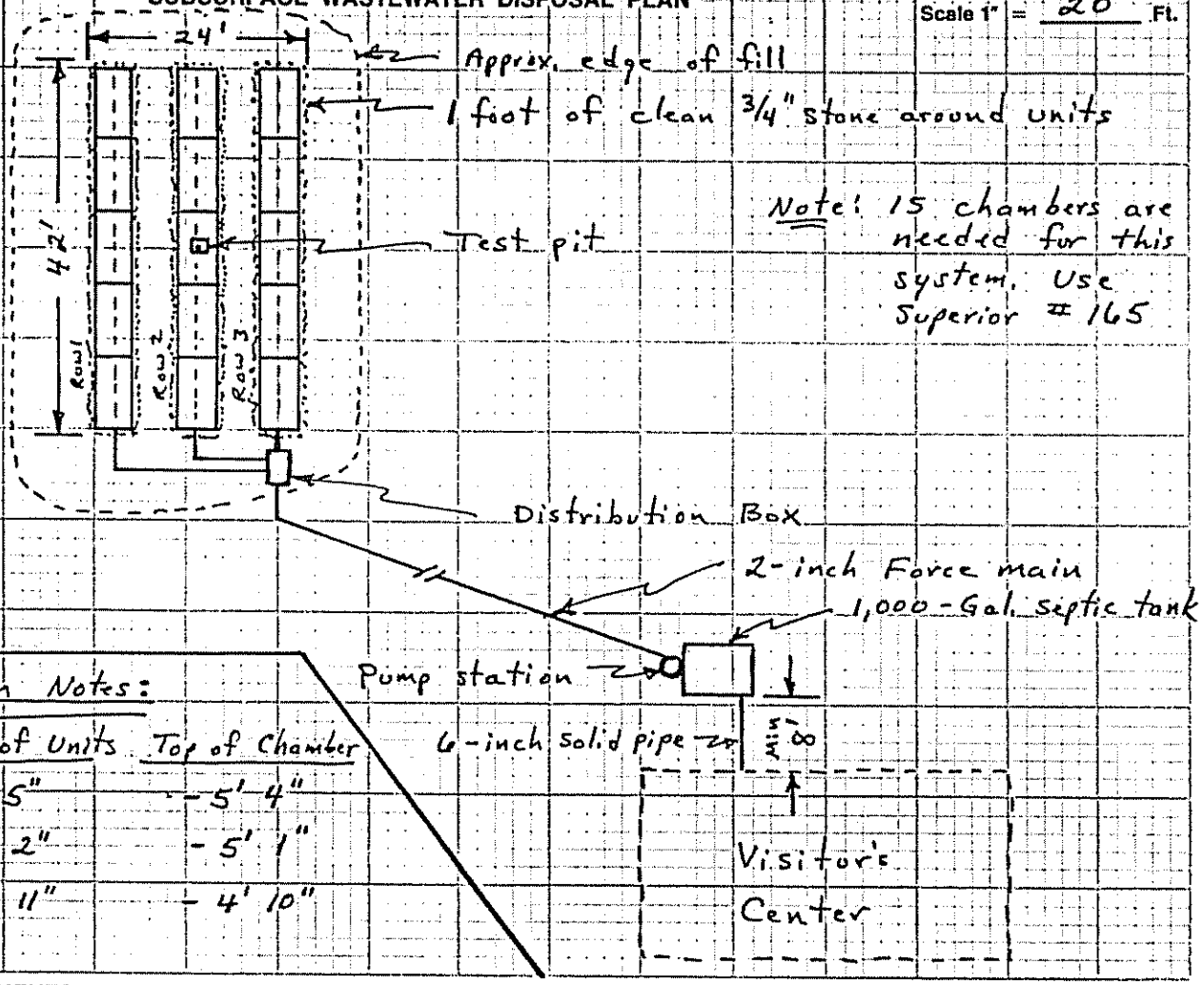
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Hospital Street	Pine Tree State Arboretum

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



Note: 15 chambers are needed for this system. Use Superior # 165

Elevation Notes:

	Bottom of Units	Top of Chamber
Row 1	-6' 5"	-5' 4"
Row 2	-6' 2"	-5' 1"
Row 3	-5' 11"	-4' 10"

FILL REQUIREMENTS

Depth of Fill (Upslope) 9"
Depth of Fill (Downslope) 10"

CONSTRUCTION ELEVATIONS

Reference Elevation is 0' 00"
Bottom of Disposal Area (See Notes Above)
Top of Distribution Lines or Chambers

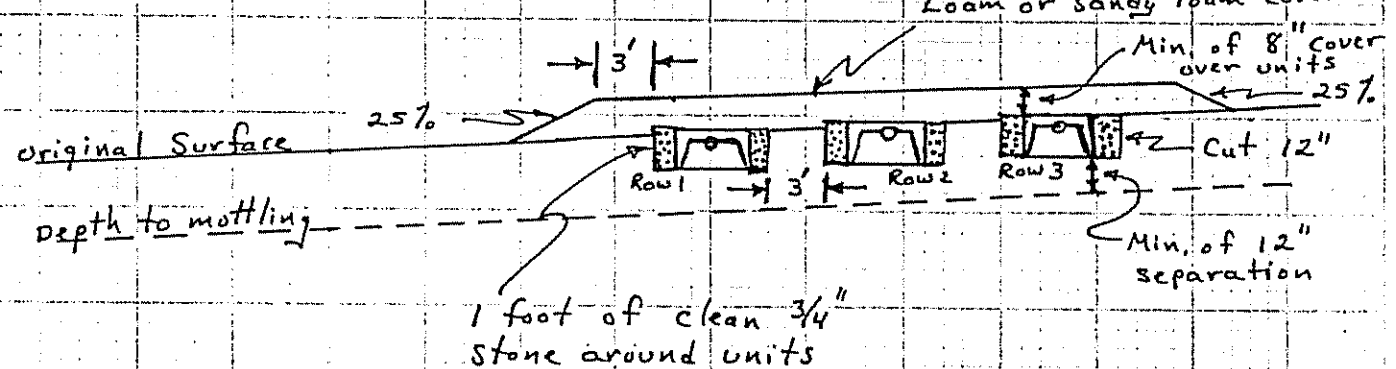
ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

Nail in large maple located 65' and N79°E from test pit.

DISPOSAL AREA CROSS SECTION

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

Note: Remove grass layer only in area of system. Scarify surface - Seed and mulch final cover



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