SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

13-2

AUGUSTA PERMIT # 1,302 TOWN COPY

Date Permit Issued: 4/21/88 $ 40.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 808

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Subdivision Lot #	OFF HOSPITAL STREET

PROPERTY OWNERS NAME

Last: Simard First: David

Applicant Name:	Same
Mailing Address of Owner/Applicant (If Different)	RFD 2, Box 66 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.

David R. Simard
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 F. Fuller 11/2/1988
Local Plumbing Inspector Signature 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: _____

SIZE OF PROPERTY	ZONING
1 Acre ±	RESIDENTIAL

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

TYPE OF WATER SUPPLY
well to be 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.)
2 BEDROOMS
MODERATE FLOW

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
KGS 3	A III

DEPTH TO LIMITING FACTOR: Ave. of 26"

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 408 Sq. Ft.
☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☒ OTHER: INFILTRATOR

DESIGN FLOW: 249 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On Sept. 9, 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.

Kenneth G. Stratton 157 2/16/88
Site Evaluator Signature SE# Date

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

Revised 4/12/88 KGS

JBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: AUGUSTA

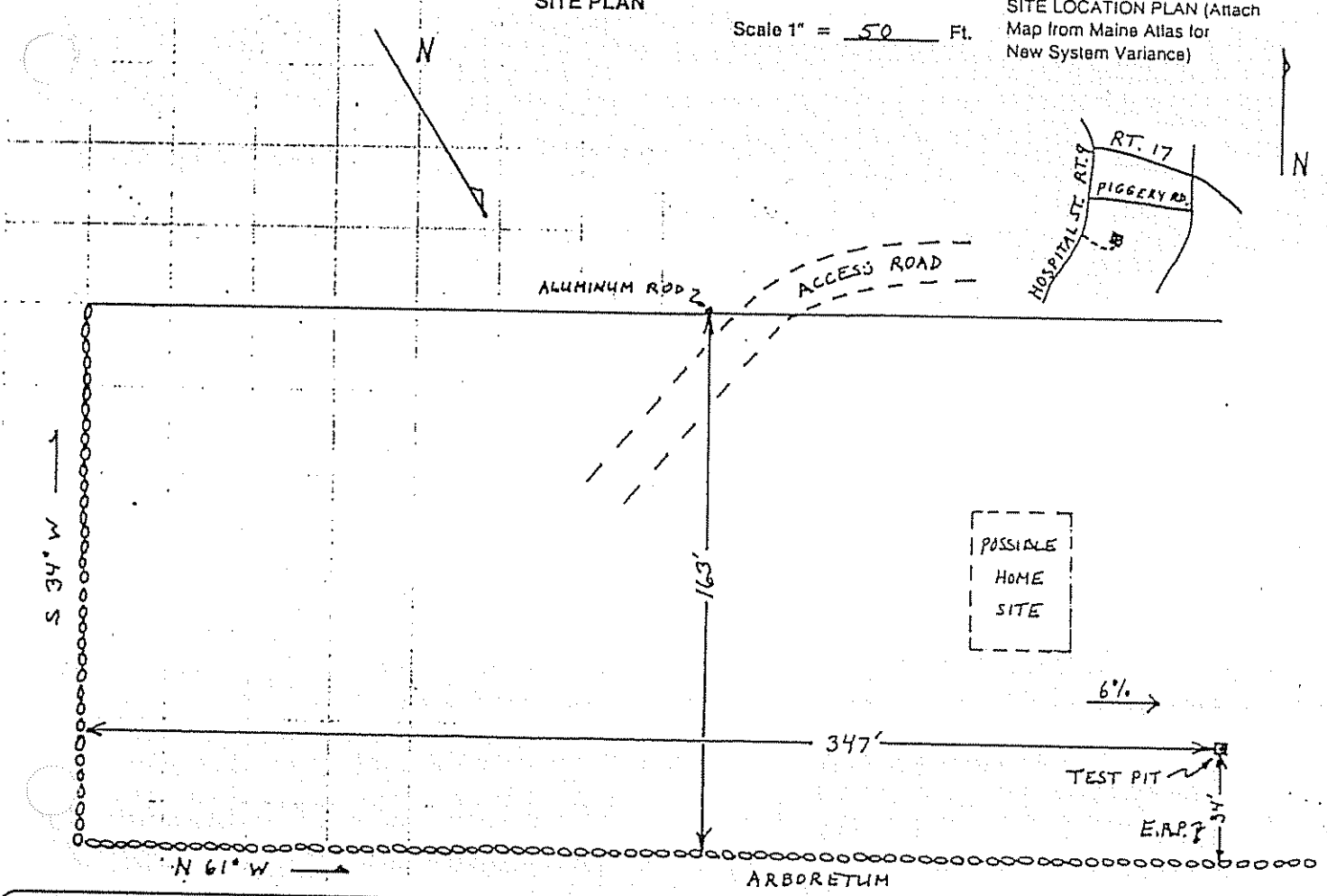
Street, Road, Subdivision: OFF HOSPITAL ST.

Owners Name: DAVID SIMARD

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

1" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–5			BROWN	
5–10	FINE	FRIABLE		
10–15	SANDY		RED-BROWN	NONE
15–20	LOAM		YELLOW-BROWN	
20–30		FIRM	OLIVE-BROWN	
30–50				

Ave. Level of Bedrock

Soil	Classification	Slope	Limiting Factor
3 (Profile)	A III (Condition)	6 %	26" ☐ 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
0–5				
5–10				
10–15				
15–20				
20–30				
30–40				
40–50				

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

Kenneth E. Stratton
Site Evaluator Signature

157
SE#

2/16/88
Date

Revised 4/12/88 KGS

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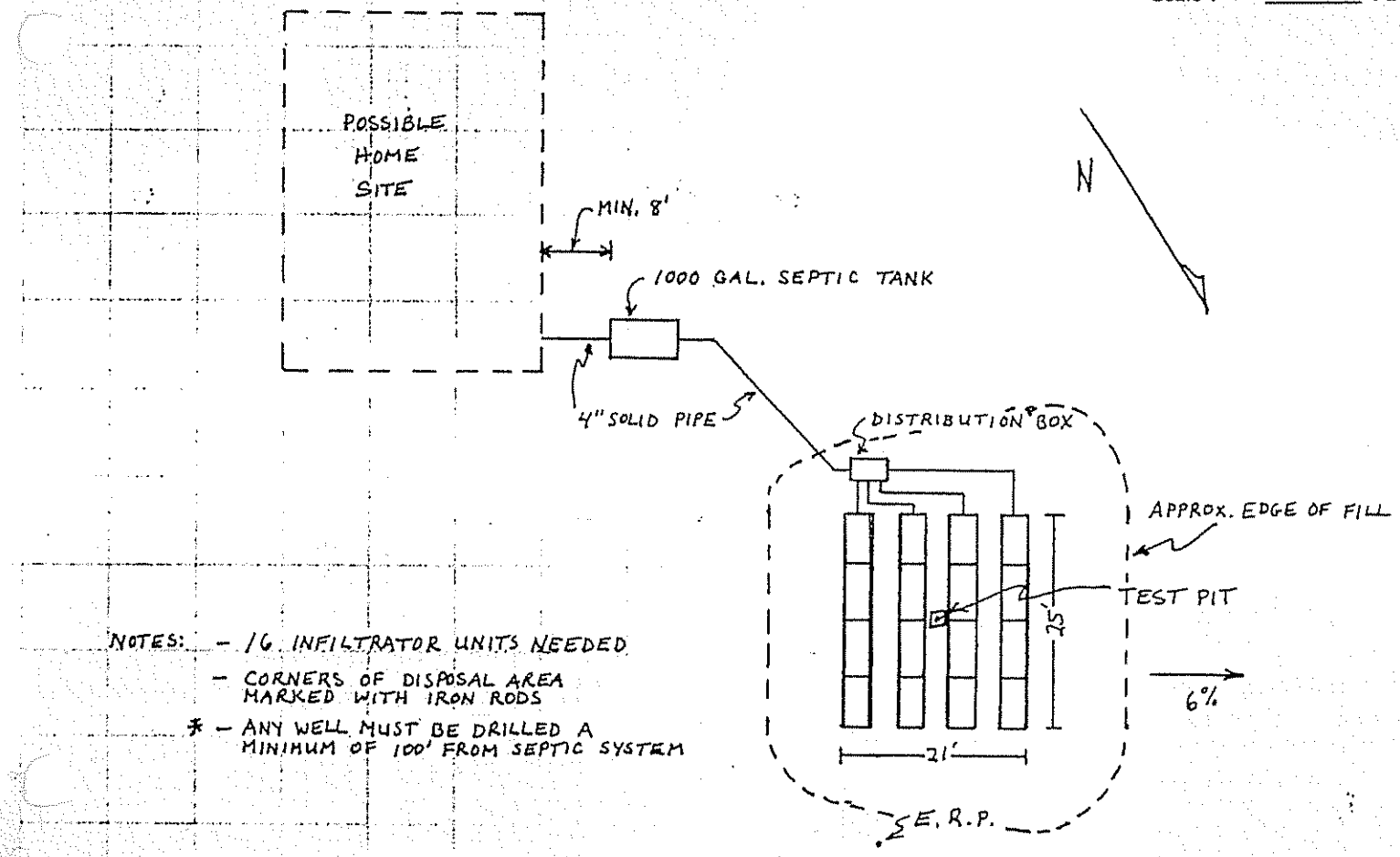
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



NOTES:
- 16 INFILTRATOR UNITS NEEDED
- CORNERS OF DISPOSAL AREA MARKED WITH IRON RODS
- * – ANY WELL MUST BE DRILLED A MINIMUM OF 100' FROM SEPTIC SYSTEM

FILL REQUIREMENTS

Depth of Fill (Upslope): 22"

Depth of Fill (Downslope): 22"

CONSTRUCTION ELEVATIONS

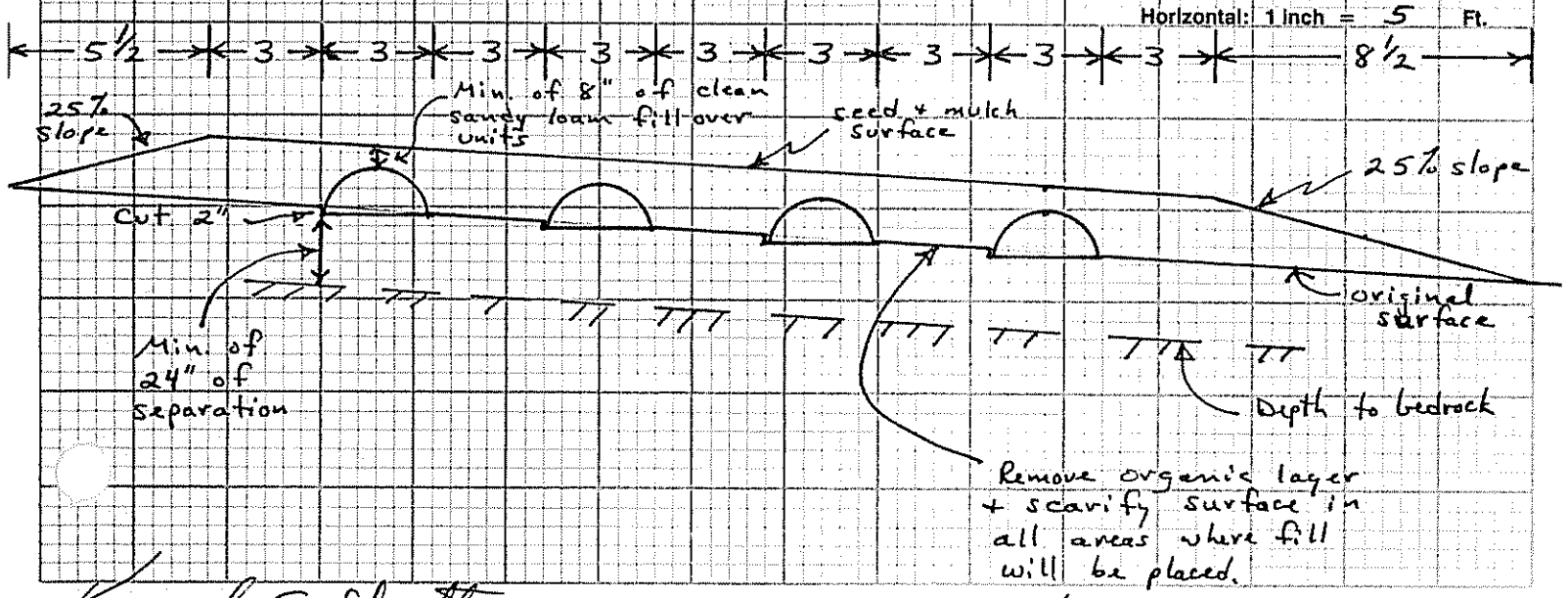
	Row 1	Row 2	Row 3	Row 4
Reference Elevation is	0"	0"	0"	0"
Bottom of Disposal Area	-43"	-47"	-51"	-55"
Top of Distribution Lines or Chambers	-58"	-62"	-66"	-70"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

Nail in 8-inch oak 27' from test pit at N 43° E

DISPOSAL AREA CROSS SECTION

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



Kenneth G Stratton
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