SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

13-21

AUGUSTA PERMIT # 1,325 TOWN COPY

Date Permit Issued: 5 20 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 #	Hospital Street

PROPERTY OWNERS NAME

Last: Grant First: Tim

Applicant Name:	582-1528
Mailing Address of Owner/Applicant (If Different)	26 Middle Street Gardiner, ME 04345

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] 18 MAY 88

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.

[signature] 9-7-89

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: 200 x 142 28,400 ft²

ZONING: Rural 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
Code Suggests 35,000 ft² on 7-C Soils

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
Drilled Well Proposed

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: 50 GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)
Three Bed Rooms
36 infiltrators
36 x 18 / 1.7
DESIGN FLOW: 381 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
7	C

DEPTH TO LIMITING FACTOR: 15

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 648 Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

On 12 May 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.

Charles H. King 094 15 May 88

Site Evaluator Signature SE# Date

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

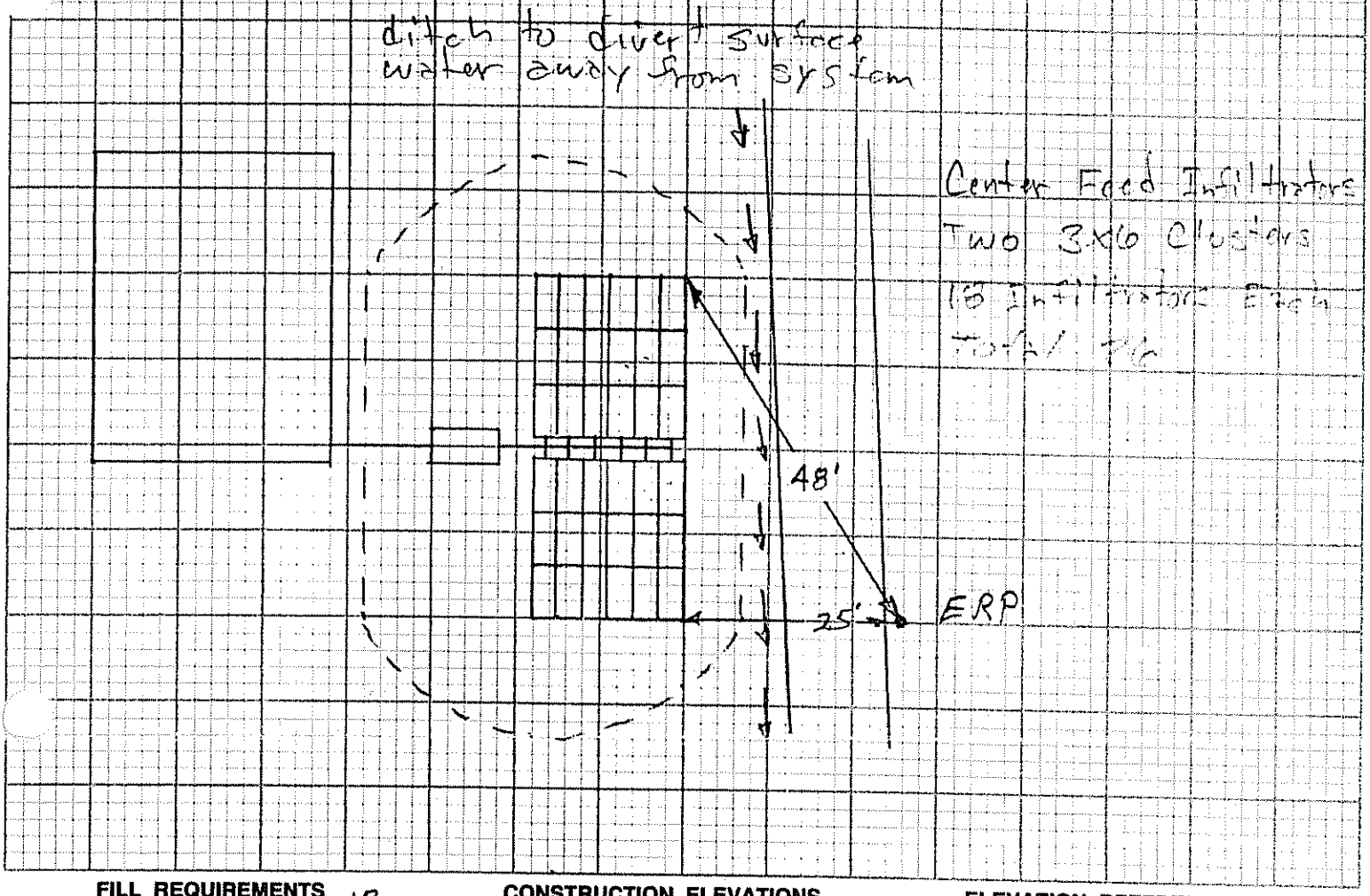
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: Augusta
Street/Road/Subdivision: Hospital Street
Owners Name: Tim Grant

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 18"
Depth of Fill (Downslope) 32"

CONSTRUCTION ELEVATIONS

Reference Elevation is 0
Bottom of Disposal Area -33"
Top of Distribution Lines or Chambers -18"

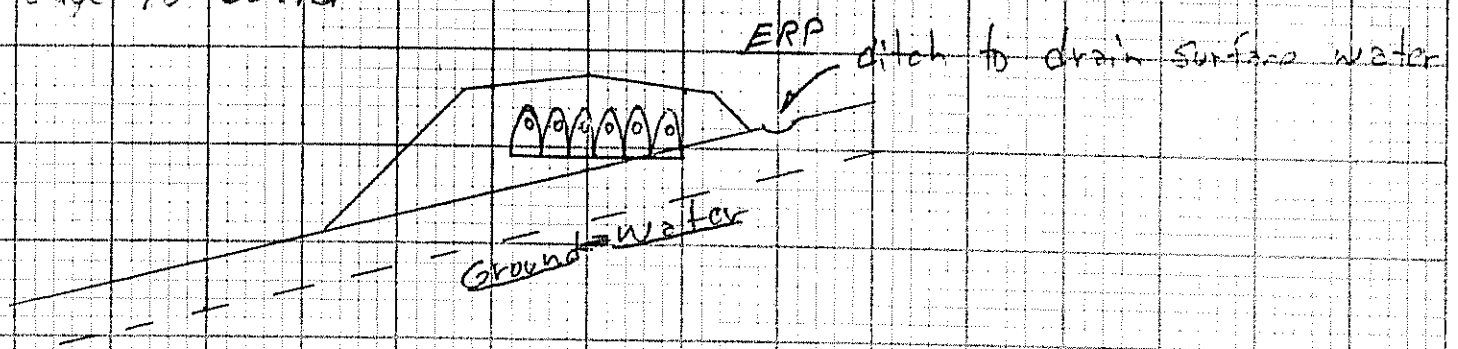
ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

Flagged Nail in NET Pole 63-5

DISPOSAL AREA CROSS SECTION @ 6%

Scale:
Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 20 Ft.

- use Sandy Loam Fill
6" edge 10" Center



Charles H. King
Site Evaluator Signature

094
SE#

15 May 88
Date

HHE-200 Rev.1/84

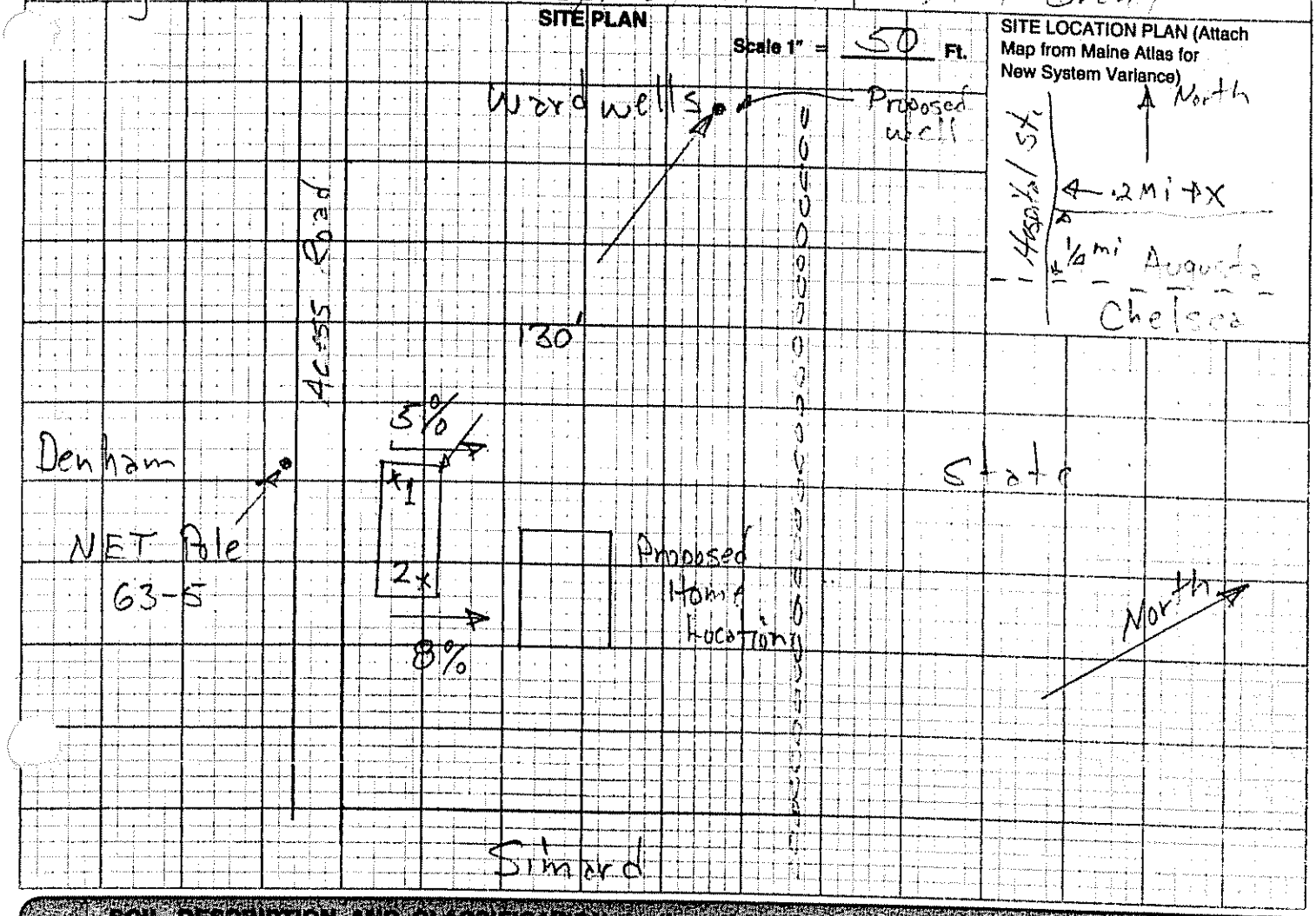
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: Augusta
Street, Road, Subdivision: Hospital Street
Owners Name: Tim Grant

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

0 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Depth	Texture	Consistency	Color	Mottling
0–6	Loam	Very Friable	Brown	None
6–10				
10–15	Sandy	Friable	Tan	None
15–20	Loam	to Firm		Few
20–30	Sandy Loam	Very Firm	Olive	Few
30–34		Hard	Pan	
34–40				
40–50				

Soil Profile: 1 — Classification Condition: C — Slope: 5 % — Limiting Factor: 18" — ☑ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole 2 ☑ Test Pit ☐ Boring

0 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Depth	Texture	Consistency	Color	Mottling
0–6	Loam	Loose	Brown	None
6–10			Reddish	
10–15	Sandy	Very	Brown	
15–20	Loam	Friable	to Brown	Few
20–30	Silt	Friable to	Olive to	Many
30–42	Loam	Firm	Gray	
42–50				

Soil Profile: 1 — Classification Condition: C — Slope: 8 % — Limiting Factor: 15" — ☑ Ground Water ☐ Restrictive Layer ☐ Bedrock

Charles H. King
Site Evaluator Signature

094
SE#

15 May 88
Date

HHE-200 Rev. 1/84