SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION

ty, Town, Plantation	AUGUSTA
Street or Road	225 EASTERN AVE
Subdivision, Lot #	

>> Caution: Permit Required – Attach In Space Below <<

AUGUSTA 5229 TOWN COPY
Date Permit Issued: 2/20/04
$ 50 FEE ☐ If Double Fee Charged
Local Plumbing Inspector Signature
L.P.I. # 872

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	ROY J. RAY + RUTH ☐ Owner ☐ Applicant
Mailing Address of ☒ Owner ☐ Applicant	SAME
Daytime Tel. #	

Municipal Tax Map # 14 Lot # 11

Owner or Applicant Statement

I state that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

Signature of Owner or Applicant — Date 2/20/04

Caution: Inspections Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

Local Plumbing Inspector Signature — (1st) Date Approved — (2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION
1. ☐ First Time System
2. ☐ Replacement System
   Tank Replaced: _____
   Tank Installed: _____
3. ☐ Expanded System
   a. ☐ One-time exempted
   b. ☐ Non-exempted
4. ☐ Experimental System
5. ☐ Seasonal Conversion

THIS APPLICATION REQUIRES
1. ☐ No Rule Variance
2. ☐ First Time System Variance
   a. ☐ Local Plumbing Inspector Approval
   b. ☐ State & Local Plumbing Inspector Approval
3. Replacement System Variance
   a. ☐ Local Plumbing Inspector Approval
   b. ☐ State & Local Plumbing Inspector Approval
4. ☐ Minimum Lot Size Variance
5. ☐ Seasonal Conversion Approval

DISPOSAL SYSTEM COMPONENT(S)
1. ☐ Complete Non-engineered System
2. ☐ Primitive System (graywater & alt toilet)
3. ☐ Alternative Toilet, specify: _____
4. ☒ Non-Engineered Treatment Tank (only)
5. ☐ Holding Tank, _____ gallons
6. ☐ Non-engineered Disposal Field (only)
7. ☐ Separated Laundry System
8. ☐ Complete Engineered System (2000 gpd or more)
9. ☐ Engineered Treatment Tank (only)
10. ☐ Engineered Disposal Field (only)
11. ☐ Pre-treatment, specify:
12. ☐ Miscellaneous components

SIZE OF PROPERTY
☐ sq. ft.
☐ acres

SHORELAND ZONING
☐ Yes ☐ No

DISPOSAL SYSTEM TO SERVE
1. ☐ Single Family Dwelling Unit, No. of Bedrooms: _____
2. ☐ Multiple Family Dwelling, No. of Units: _____
3. ☐ Other: _____ (SPECIFY)

TYPE OF WATER SUPPLY
1. ☐ Drilled Well 2. ☐ Dug Well 3. ☐ Private
4. ☐ Public 5. ☐ Other:

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☐ Concrete EXISTING
   a. ☒ Regular
   b. ☐ Low Profile
2. ☐ Plastic
3. ☐ Other: _____
   CAPACITY _____ gallons

DISPOSAL FIELD TYPE & SIZE
1. ☐ Stone Bed 2. ☐ Stone Trench
3. ☐ Proprietary Device
   a. ☐ Cluster array c. ☐ Linear
   b. ☐ Regular load d. ☐ H-20 load
4. ☐ Other: _____
   SIZE _____ ☐ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT
1. ☐ No 3. ☐ Maybe
2. ☐ Yes >> Specify one below:
   a. ☐ Multi-compartment Tank
   b. ☐ Tanks in Series
   c. ☐ Increase in Tank Capacity
   d. ☐ Filter on Tank Outlet

DESIGN FLOW
_____ gallons per day
BASED ON:
1. ☐ Table 501.1 (dwelling unit(s)
2. ☐ Table 501.2 (other facilities)
   SHOW CALCULATIONS
   – for other facilities –
3. ☐ Section 503.0 (meter readings)
   ATTACH WATER-METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION DESIGN
_____/_____/_____
at Observation Hole #_____
Depth _____" Elevation_____"
OF MOST LIMITING SOIL FACTOR

DISPOSAL FIELD SIZING
1. ☐ Small – 2.0 sq. ft./gpd
2. ☐ Medium – 2.6 sq. ft./gpd
3. ☐ Medium-Large – 3.3 sq. ft./gpd
4. ☐ Large – 4.1 sq. ft./gpd
5. ☐ Extra Large – 5.0 sq. ft./gpd

PUMPING
1. ☐ Not Required
2. ☐ May Be Required
3. ☐ Required >> Specify only for engineered or experimental systems:
   DOSE: gallons

SITE EVALUATOR STATEMENT

I certify that on _____ (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature — SE # — Date

Site Evaluator Name Printed — Telephone #