Hawes, L. well

Division of Health Engineering
Station No. 10
State House
Augusta, Maine 04333

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

HHE-200

This Is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

This Application Is For: ○ New System ☒ Replacement Of Entire System ○ Expanded System ○ Replacement Of Disposal Area Only ○ Conversion Permit

Variance: ☒ None Required ○ New System Variance ○ Replacement System Variance With: ○ LPI Approval ○ Dept. Review

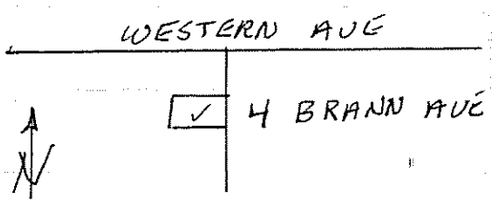
PROPERTY LOCATION: AUGUSTA (Town, Plantation) | 4 BRANN AVE (Street, Road) | Subdivision Name | Lot No.

PROPERTY OWNER or APPLICANT: LOWELL HAWES

Mailing Address: 4 BRANN AVE (Street) | Tel. No.

AUGUSTA, ME (Town, State) | Zip Code

LOCATION PLAN OF PROPERTY



Roads, Landmarks, Distances

TYPE OF STRUCTURE, DESIGN FLOW

☒ Single Family Dwelling — Number of Bedrooms 3 — Design Flow 300 GPD

Design Flow based on ☒ Minimum (1) ☒ Moderate (2) ○ Conservative

○ Reduction in Design Flow due to Water Conservation

If so, specify type (s) _____

○ Other Establishment. Specify _____ Type of Facility

(Number of Employees, Seating Capacity, Building Size, etc.)

Design Flow _____ GPD — If greater than 2000 GPD, Specify Professional Engineer

PROPERTY INFORMATION

Area of Property 35,000± ☒ Sq. Ft. ○ Acres ○ Zoned ☒ Not Zoned

If zoned, type of zoning _____

Property on Water Body, If so, Name of Water Body _____

Water Supply is: ○ Public Utility, ○ Drilled Well _____ depth ○ Dug Well _____ depth ○ Well Point ○ Spring ○ Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

TEXTURAL DESCRIPTION OF EACH SOIL STRATA ENCOUNTERED

	Observation Hole No. 1 (☒ Boring)	Observation Hole No. ___ (○ Test Pit ○ Boring)	Observation Hole No. ___ (○ Test Pit ○ Boring)
Organic Strata or (Existing Fill)	Thickness —	Thickness ___	Thickness ___
1st Original Mineral Soil Strata	S.L. FILL of — Depth from 0 to ___ Thickness 4'±	Depth from 0 to ___ Thickness ___	Depth from 0 to ___ Thickness ___
2nd	GRAVEL FILL — Depth from ___ to ___ Thickness ___	Depth from ___ to ___ Thickness ___	Depth from ___ to ___ Thickness ___
3rd	OVER 3-D/C — Depth from ___ to ___ Thickness ___	Depth from ___ to ___ Thickness ___	Depth from ___ to ___ Thickness ___
4th	Depth from ___ to ___ Thickness ___	Depth from ___ to ___ Thickness ___	Depth from ___ to ___ Thickness ___
Total Depth of Observation Hole	___	___	___

Depths from top of ORIGINAL MINERAL SOIL

Maximum Seasonal High Ground Water Table Depth	○ None evident ___	○ None Evident ___	○ None evident ___
Depth to Restrictive Layer	○ None evident ___	○ None evident ___	○ None evident ___
Depth to Bedrock	○ None evident ___	○ None evident ___	○ None evident ___

	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE
FILL	OVER	3-D/C	7%			%			%

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2

TYPE OF SYSTEM

☒ Combined System
○ Separated System
If separated system, type of black waste disposal system to be used:
○ Compost
○ Pit Privy
○ Sealed Vault Privy
○ Other:
Specify: _____
○ Separated Laundry System
○ Primitive System
○ Holding Tank

TREATMENT TANK

☒ Septic Tank
○ Aerobic Tank
Size 1000 Gals.

DOSAGE

☒ Pumping is not required
○ Pumping is required
The dose should be: _____ Gals.
Dosage chamber capacity shall be _____ gals.
○ System should be vented

SUBSURFACE DISPOSAL AREA/TYPE

○ Trench Disposal Area
Total linear feet of trench _____ ft.
Number of Trench lines _____ ft.
Length of each trench line _____ ft.
Depth of Stone _____ inches.
Reduction on trench length due to stone depth _____ %

☒ Bed Disposal Area
Total bed area 1000 sq. ft.
Number of beds 1
Width 20 ft. Length 50 ft.

○ Chamber Disposal Area
Total chamber area _____ sq. ft.
Number of clusters _____
Width _____ ft. Length _____ ft.
○ H-20 required

SYSTEM SIZE RATING

○ Small ○ Medium ☒ Medium Large ○ Large ○ Extra Large

DISPOSAL AREA ELEVATION

Depth of Upslope Fill required SEE X-SECTION inches.
Depth of Downslope Fill required _____ inches.
Reference Elevation Point established at 0 Elevation.
Disposal Area Bottom to be established at -48 Elevation.
Top of Distribution Lines or Top of Chambers -36 Elevation.
BOTTOM OF UNDERCUT - -66"

☒ Yes ○ No: The proposed subsurface disposal area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook stream, river), swamps, marshes, and bogs.

☒ Yes ○ No: The proposed subsurface disposal area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.

FOR USE BY SITE/EVALUATOR VALID COPY ONLY WITH EMBOSSED SEAL

On 5/1/82 (date), a site investigation for this project was completed. I conducted this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.

Signature of Site Evaluator [signature] — Date signed 5/2/82 — Site Evaluator License Number 51

FOR USE BY OWNER/APPLICANT

I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.

Signature of Owner/Applicant [signature] — Date Signed 5-4-82

FOR USE BY LPI: ○ This Application is approved. If conditions, specify:
○ This Application is Denied due to: ○ System is not in accordance with Rules. ○ Application is incomplete. ○ Application is unclear. ○ Development is in violation of other Regulations. Specify _____

Signature of LPI [signature] — Date 5-4-82 — PERMIT NO. 48515 E P — Date Issued / /8

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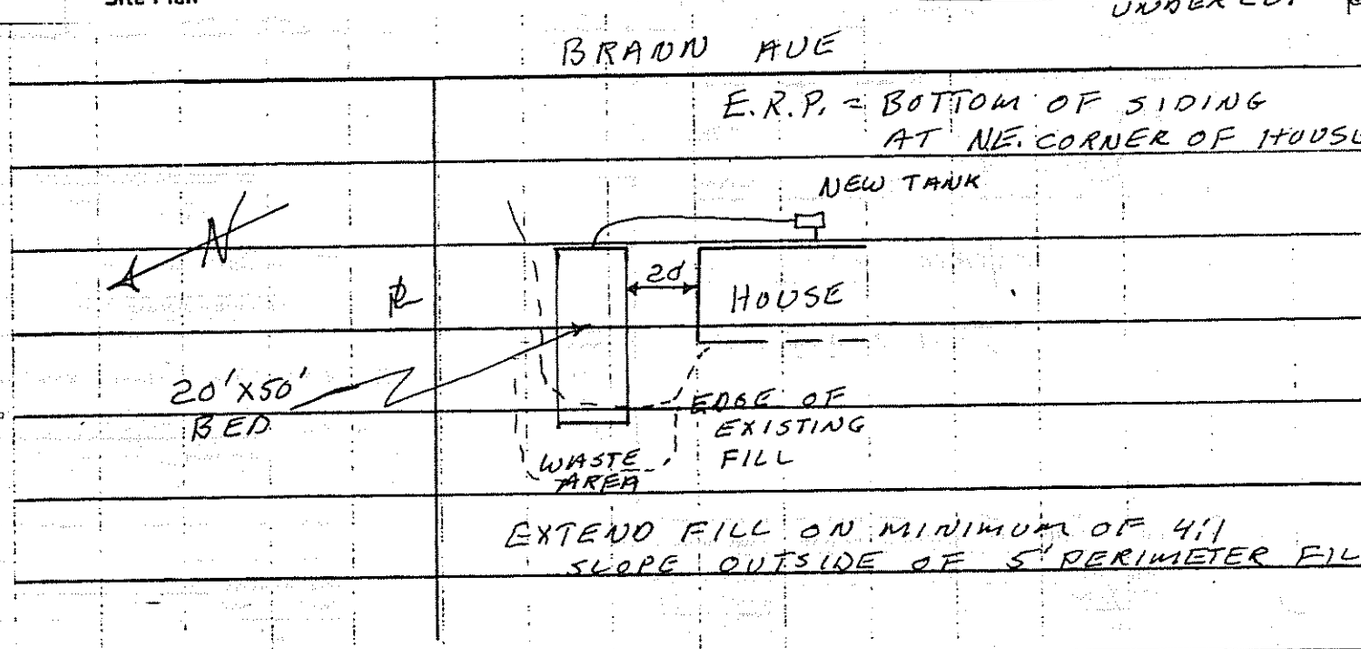
APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

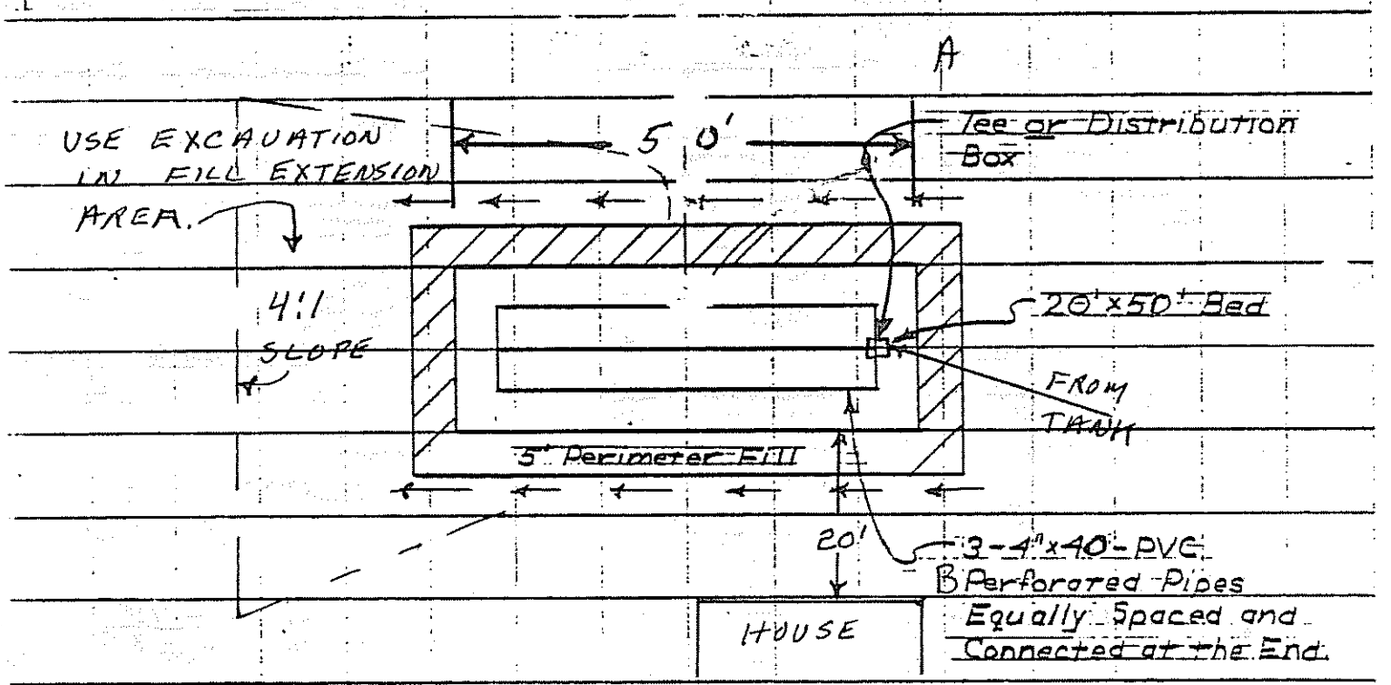
PROPERTY LOCATION (Town, Plantation)	Street, Road	Subdivision Name	Lot No.
PROPERTY OWNER or APPLICANT	DISPOSAL AREA ELEVATION Depth of Upslope Fill required 0 inches. Depth of Downslope Fill required ____ inches.	Reference Elevation Point established at 0 Elevation. Disposal Area Bottom to be established at -48 Elevation. Top of Distribution Lines or Top of Chambers -36 Elevation.	

Site Plan Scale 1" = 50 ft. BOTTOM OF UNDERCUT -6

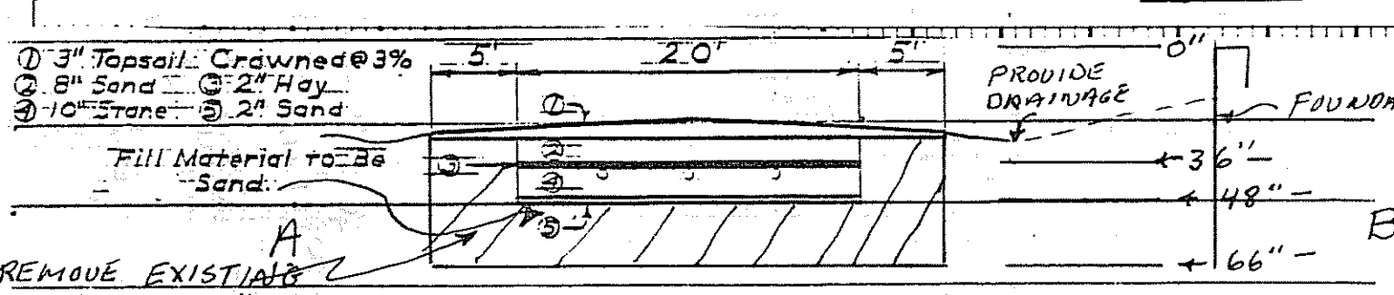


● Designates Elevation Reference Point (ERP)
○ Designates Observation Hole (TP or B)

Subsurface Wastewater Disposal Plan Scale 1" = 20' or AS SHOWN



Subsurface Wastewater Disposal Area Cross-section Scale: Vertical: 1" = 5' Horizontal: 1" = 10'



REMOVE EXISTING FILL TO -66". Remove Stumps, Boulders, and/or Sod and Scarify Surface Before Fill Is Place. USE TO FILL DOWN SLOPE END OF BED

Site Evaluators Signature	Date	License Number
[illegible]	5/2/82	51