

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS	
Town Or Plantation	Augusta
Street	Meadow Rd
Subdivision Lot #	
PROPERTY OWNERS NAME	
Last: Colvin	First: Carl
Applicant Name:	Paul Bolmer
Mailing Address of Owner/Applicant (if Different)	So China

M 19 446

AUGUSTA	PERMIT # 566	TOWN COPY
Date Permit Issued: 9/24/85	\$ 20	<input type="checkbox"/> Double Fee Charged
Local Plumbing Inspector Signature: Robert B St Pierre		Permit # 667

**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: *Paul Bolmer* Date: 7-24-85

**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: \_\_\_\_\_

## PERMIT INFORMATION

<p><b>THIS APPLICATION IS FOR:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NEW SYSTEM</li> <li><input checked="" type="checkbox"/> REPLACEMENT SYSTEM</li> <li><input type="checkbox"/> EXPANDED SYSTEM</li> <li><input type="checkbox"/> SEASONAL CONVERSION</li> <li><input type="checkbox"/> EXPERIMENTAL SYSTEM</li> </ol>	<p><b>THIS APPLICATION REQUIRES:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</li> <li><input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</li> <li><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</li> <li><input type="checkbox"/> Requires only Local Plumbing Inspector Approval</li> <li><input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</li> </ol>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NON-ENGINEERED SYSTEM</li> <li><input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</li> <li><input type="checkbox"/> ENGINEERED (+ 2000 gpd)</li> </ol> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> TREATMENT TANK (ONLY)</li> <li><input type="checkbox"/> HOLDING TANK</li> <li><input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</li> <li><input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> </ol>
<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED: 1985</p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED</li> <li><input type="checkbox"/> CHAMBER</li> <li><input type="checkbox"/> TRENCH</li> <li><input type="checkbox"/> OTHER: <i>Steel Tank</i></li> </ol>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SINGLE FAMILY DWELLING</li> <li><input type="checkbox"/> MODULAR OR MOBILE HOME</li> <li><input type="checkbox"/> MULTIPLE FAMILY DWELLING</li> <li><input checked="" type="checkbox"/> OTHER: <i>Professional Office</i></li> </ol>	<p><b>TYPE OF WATER SUPPLY</b></p> <p><i>city water</i></p>
<p>SIZE OF PROPERTY: 39000 sq ft</p>	<p>ZONING: _____</p>	

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p><b>TREATMENT TANK</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</li> <li><input type="checkbox"/> AEROBIC</li> </ol> <p>SIZE: 1000 GALS.</p>	<p><b>WATER CONSERVATION</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NONE</li> <li><input type="checkbox"/> LOW VOLUME TOILET</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> <li><input type="checkbox"/> ALTERNATIVE TOILET</li> </ol> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NOT REQUIRED</li> <li><input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)</li> <li><input type="checkbox"/> REQUIRED</li> </ol> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>DESIGN FLOW: _____ (GALLONS/DAY)</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <i>NA</i>   CONDITION: <i>NA</i></p> <p>DEPTH TO LIMITING FACTOR: _____</p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SMALL</li> <li><input type="checkbox"/> MEDIUM</li> <li><input type="checkbox"/> MEDIUM-LARGE</li> <li><input type="checkbox"/> LARGE</li> <li><input type="checkbox"/> EXTRA LARGE</li> </ol>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED _____ Sq. Ft.</li> <li><input type="checkbox"/> CHAMBER _____ Sq. Ft.</li> <li><input type="checkbox"/> TRENCH _____ Linear Ft.</li> <li><input type="checkbox"/> OTHER: _____</li> </ol>	

## SITE EVALUATOR STATEMENT

SITE EVALUATION WAIVED BY LOCAL OPTION

On \_\_\_\_\_ (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.