SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

30-88+89

AUGUSTA Caution: PERMIT # 1,395 TOWN COPY

Date Permit Issued: 8/10/88 $ 140.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 180

PROPERTY ADDRESS

Town Or Plantation: Augusta

Street Subdivision Lot #: Quirion St. Place

PROPERTY OWNERS NAME

622-0630 map 30 lot 84-85

Last: Quirion First: Donald

Applicant Name: Donald Quirion

Mailing Address of Owner/Applicant (If Different): 3 Quirion St. Place, Augusta, Maine 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.

Signature of Owner/Applicant — Date 8/10/88

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 8/16/88

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

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

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

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED 30+
THE FAILING SYSTEM IS:
1. ☐ BED 3. ☑ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

DISPOSAL SYSTEM TO SERVE:
1. ☑ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

SIZE OF PROPERTY: 1/2 Acre

ZONING: Residential

TYPE OF WATER SUPPLY: City Water

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☑ SEPTIC: ☑ Regular ☐ Low Profile
2. ☐ AEROBIC

SIZE: 1000 GALS.
Zapel Filter optional

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.)
3 Bed Room
Moderate Flow

24 Infiltrators Total
3 Rows of 8 Infiltrators

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
7	C

DEPTH TO LIMITING FACTOR: 39"

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 612 Sq. Ft. ☑ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☑ OTHER: Infiltrators

DESIGN FLOW: 360 GPD (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On Aug 3, 1988 (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.

Site Evaluator Signature — SE# 157 — Date 8/10/88

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

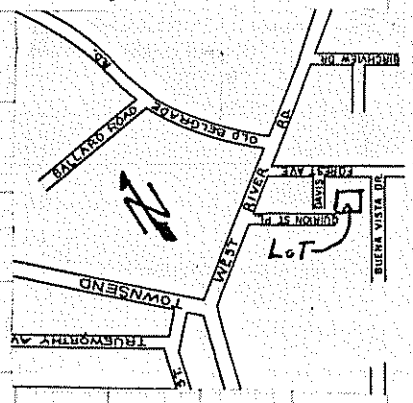
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

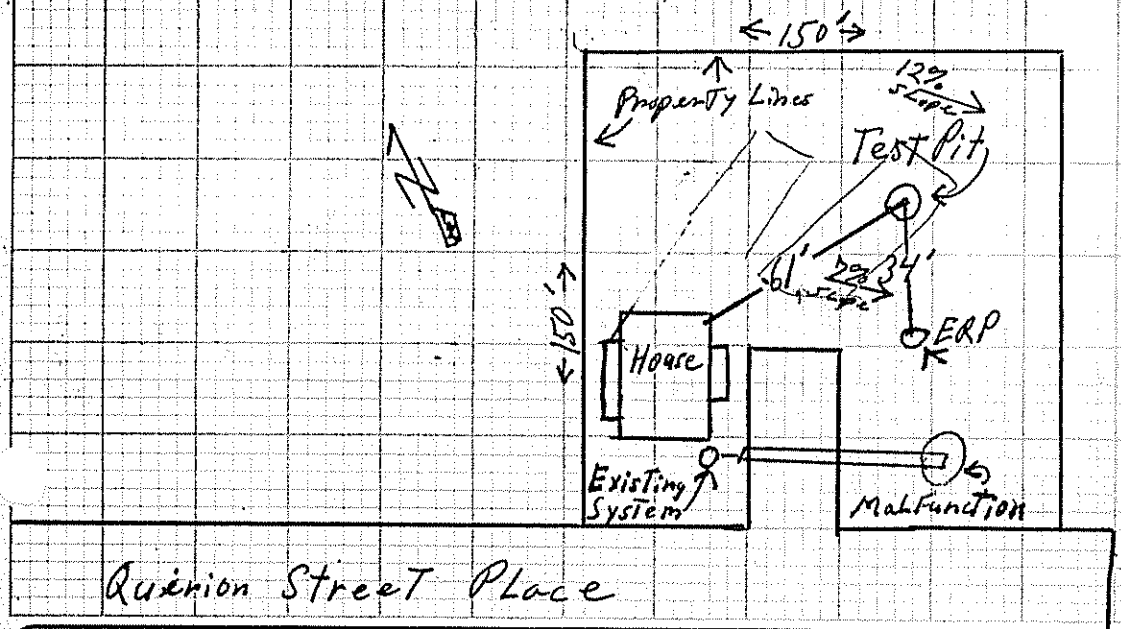
Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Quarion St. Place	Don Quarion

SITE PLAN

Scale 1" = 50' Ft.





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	Sandy Loam	Friable	Brown	
6–10				
10–15				
15–20				
20–30	Organic layer / Very Fine Sand			
30–40			Yellow Brown	
40–50			Yellowish Brown	Common Distinct

Soil Profile	Classification Condition	Slope %	Limiting Factor	
2	C	7	39"	☑ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Depth	Texture	Consistency	Color	Mottling
0–6				
6–10				
10–15				
15–20				
20–30				
30–40				
40–50				

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

Kenneth G. Shatten
Site Evaluator Signature

157
SE#

8/10/88
Date

HHE-200 Rev.1/84

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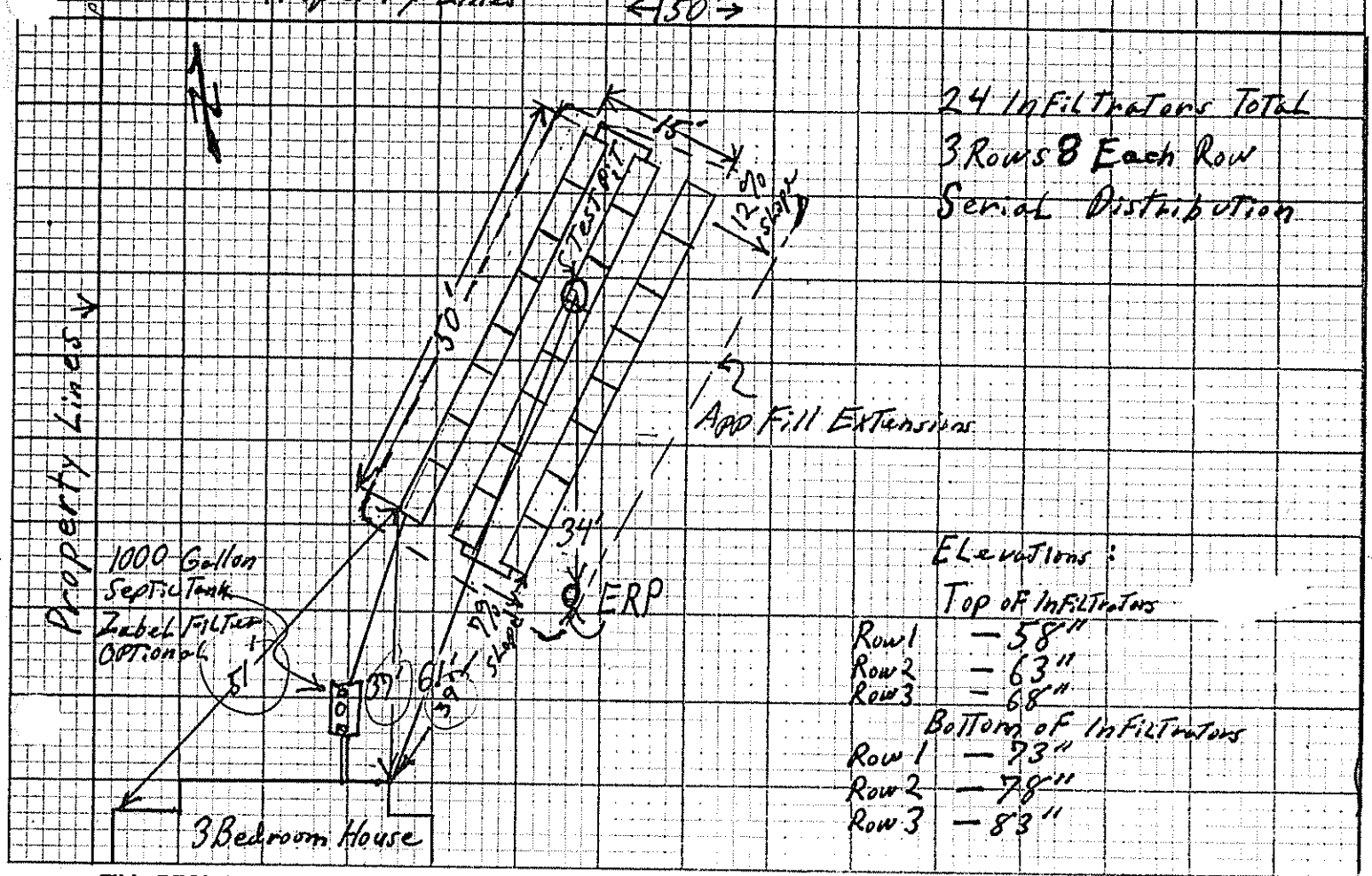
Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Quirion St. Place	Donald Quirion

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



24 Infiltrators Total
3 Rows 8 Each Row
Serial Distribution

Elevations:

Top of Infiltrators
Row 1 — 58"
Row 2 — 63"
Row 3 — 68"

Bottom of Infiltrators
Row 1 — 73"
Row 2 — 78"
Row 3 — 83"

FILL REQUIREMENTS

Depth of Fill (Upslope) 8"
Depth of Fill (Downslope) 8"

CONSTRUCTION ELEVATIONS

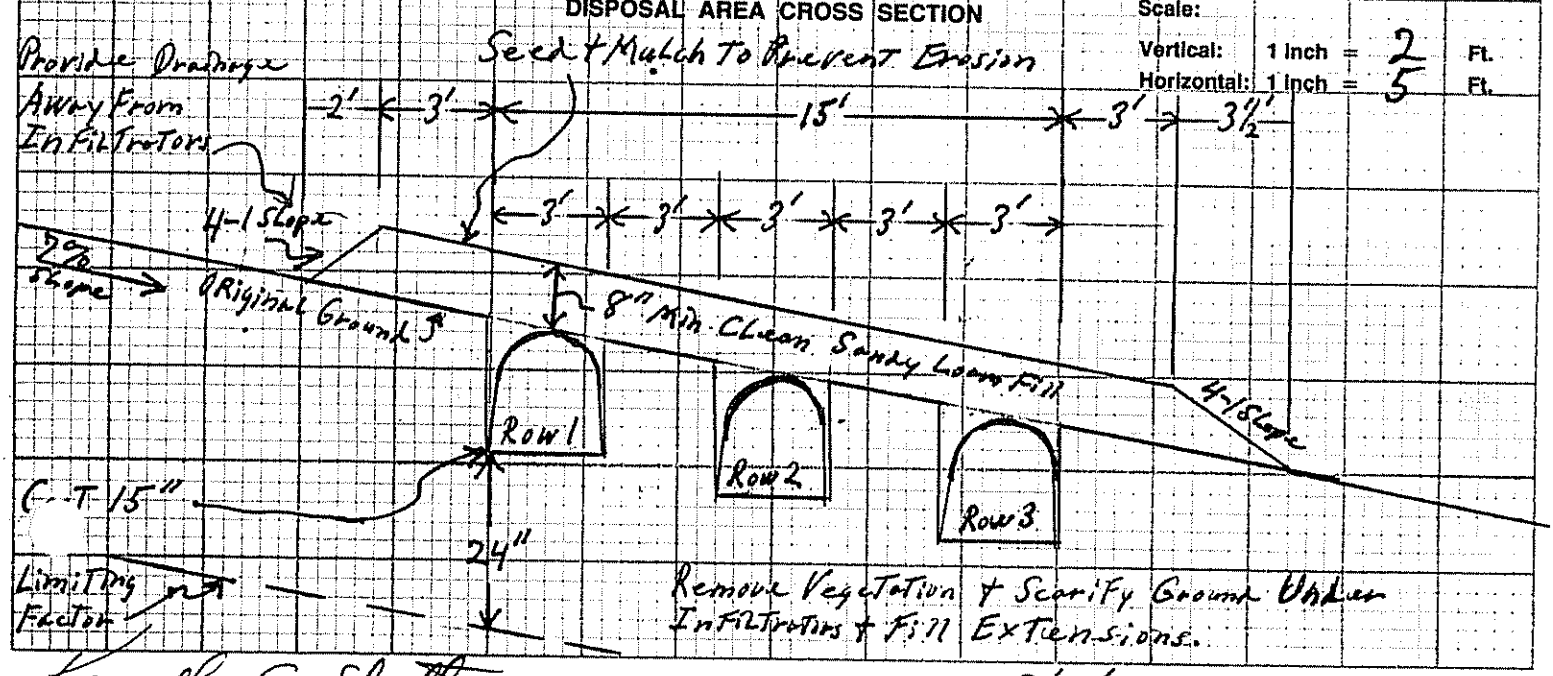
Reference Elevation Is 0
Bottom of Disposal Area See Above
Top of Distribution Lines or Chambers See Above

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

Nail In Dead Tree With Brass Tag Marked E.R.P.

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 2 Ft.
Horizontal: 1 Inch = 5 Ft.



Remove Vegetation + Scarify Ground Under Infiltrators + Fill Extensions.

Kenneth G. Stratton
Site Evaluator Signature

157
SE#

8/10/88
Date

HHE-200 Rev. 1/84