83-001

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Subdivision Lot #	off Highland Avenue

PROPERTY OWNERS NAME

Last: O'Connor First:

Applicant Name:	G. Dean Crocker
Mailing Address of Owner/Applicant (If Different)	166 Cony Street Augusta, Maine 04330

0090 AUGUSTA *** 11020 ***

Date Permit Issued: 8 25 83 $ 1 1 4 1 0 FEE ☐ If Double Charged

Robert B St Pierre L.P.I. # 1 6 6 7

Local Plumbing Inspector Signature

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.

G. Dean Crocker

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.

Robert B St Pierre — Local Plumbing Inspector Signature

9/13/83 — Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. [X] NEW SYSTEM
2. ☐ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ SEASONAL CONVERSION
5. ☐ EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. [X] NO RULE VARIANCE REQUIRED
2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form
   ☐ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
   3. ☐ Requires only Local Plumbing Inspector Approval
   4. ☐ Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS

COMPLETE SYSTEM

1. [X] NON-ENGINEERED SYSTEM
2. ☐ PRIMITIVE SYSTEM (Includes Alternative Toilet)
3. ☐ ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

4. ☐ TREATMENT TANK (ONLY)
5. ☐ HOLDING TANK
6. ☐ ALTERNATIVE TOILET (ONLY)
7. ☐ NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM: n/a

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS:

1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

DISPOSAL SYSTEM TO SERVE:

1. [X] SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

SIZE OF PROPERTY

40± Ac.

ZONING

none

TYPE OF WATER SUPPLY

public

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. [X] SEPTIC: [X] Regular ☐ Low Profile
2. ☐ AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION

1. [X] NONE
2. ☐ LOW VOLUME TOILET
3. ☐ SEPARATED LAUNDRY SYSTEM
4. ☐ ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

1. [X] 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 bedroom single family dwelling

sized per Table 7-1 of SSWD Rules

DESIGN FLOW: 360 gpd

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 16

SIZE RATINGS USED FOR DESIGN PURPOSES

1. ☐ SMALL
2. ☐ MEDIUM
3. [X] MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. [X] BED 1200 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

On 5-1-83 (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.

William T. Noble — Site Evaluator or Professional Engineer's Signature

75 — SE# / PE#

5-10-83 — Date

STATE OF MAINE — WILLIAM T NOBLE #75 — LICENSED SITE EVALUATOR

Page 1 of 3

* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Option

City

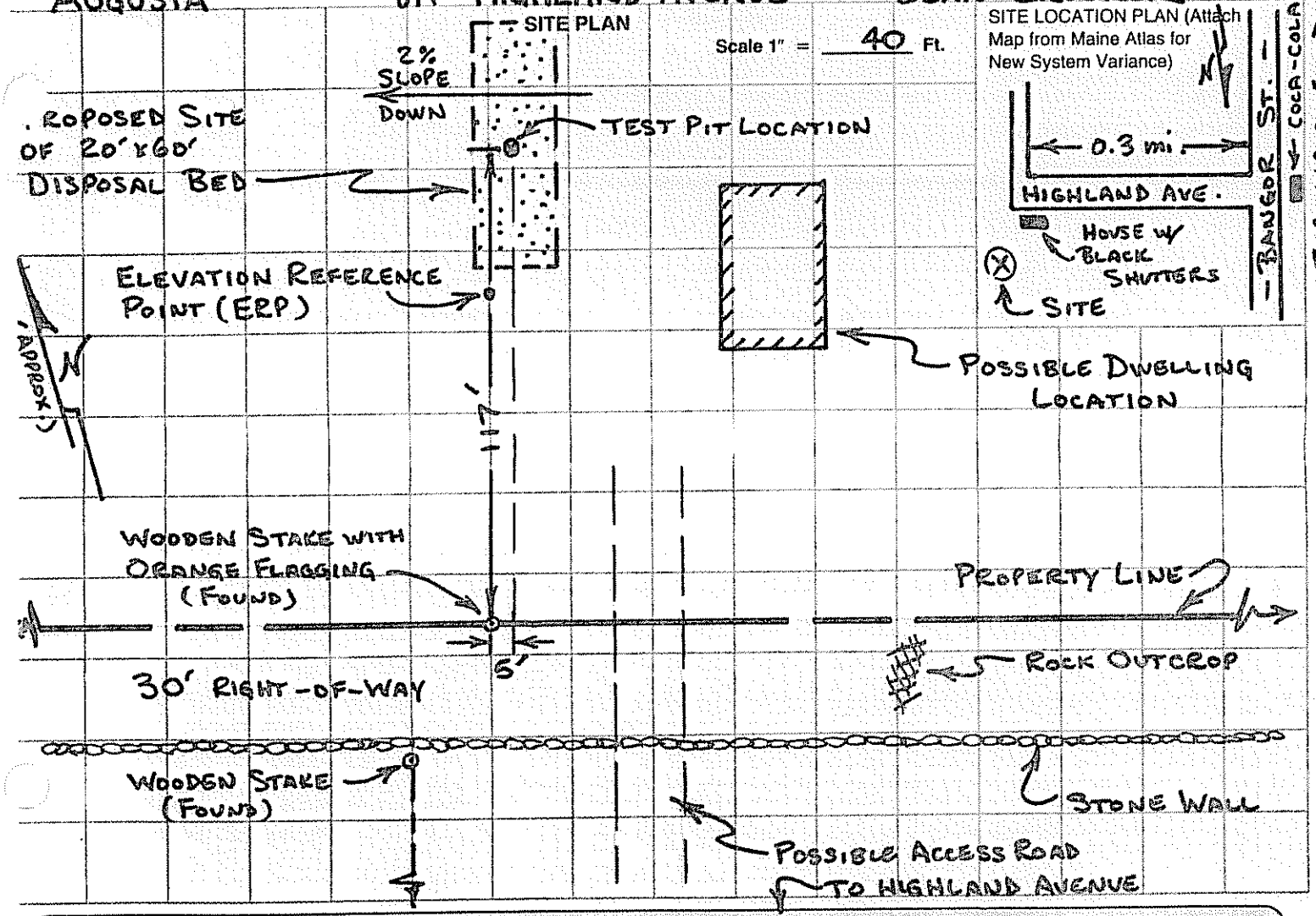
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: OFF HIGHLAND AVENUE

Owners Name: DEAN CROCKER



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole 1 ☒ Test Pit ☐ Boring

2 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Depth	Texture	Consistency	Color	Mottling
0–6	fine sandy loam	friable	Gr.-brn.	
6–10			Str.-brn.	
10–15			Yel. brn.	
15–20	very fine sandy loam with silty clay lenses	firm	Ol. brn. / Olive	few, faint / common, distinct
20–50				

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	C (Condition)	2 %	16	☒ 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
0–50				

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

William J. Noble
Site Evaluator or Professional Engineer's Signature

75
SE# / REG#

5-10-83
Date

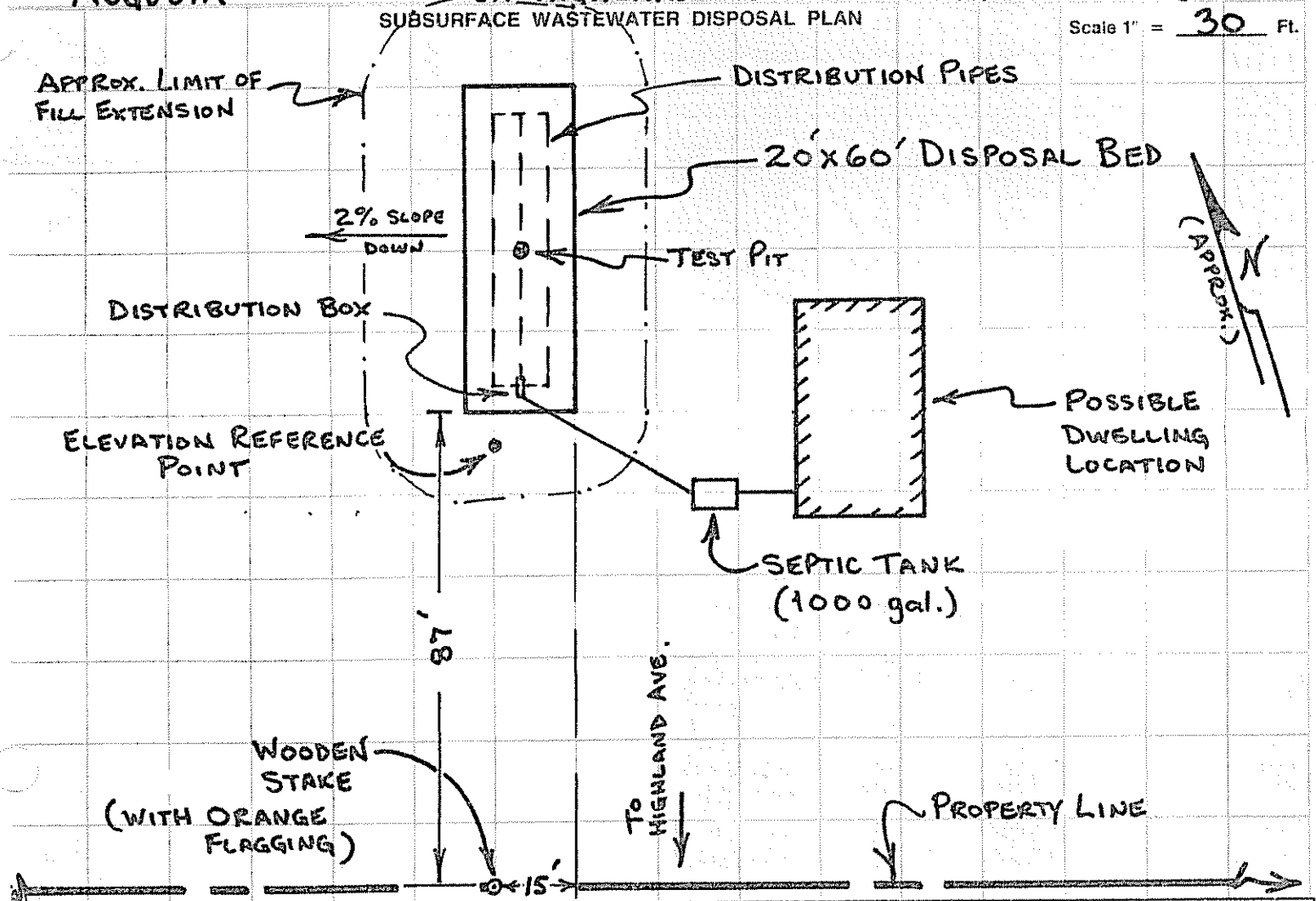
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	off HIGHLAND AVENUE	DEAN CROCKER

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 30 Ft.



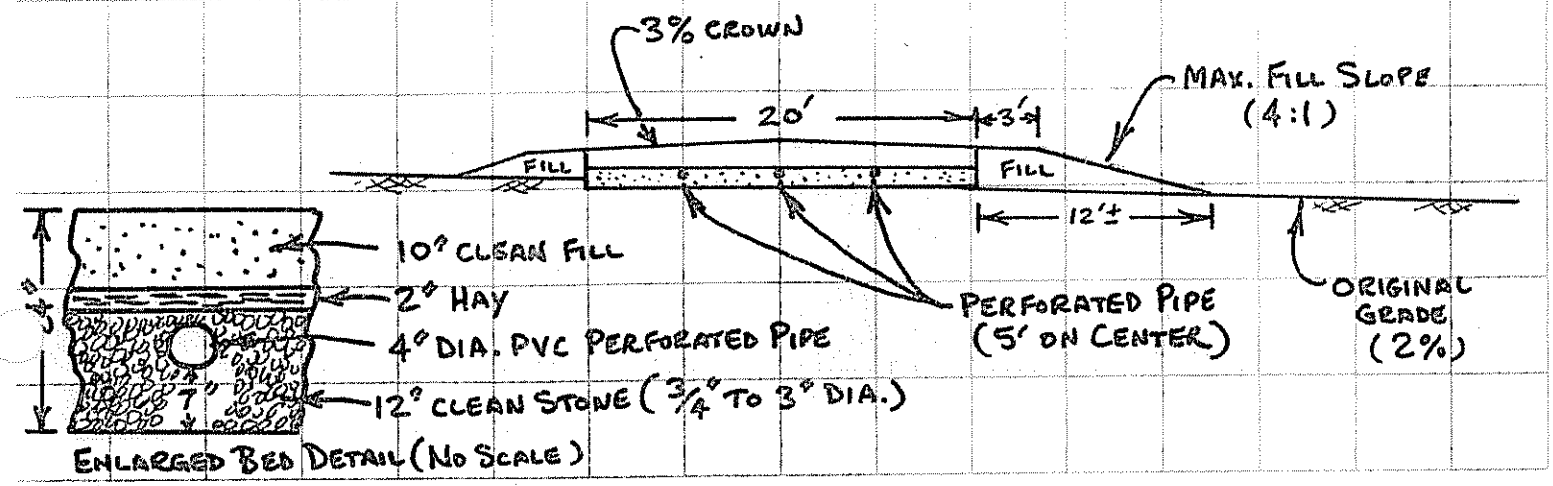
FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	20"	Reference Elevation is	100.0'	NAIL WITH YELLOW FLAGGING 56"
Depth of Fill (Downslope)	25"	Bottom of Disposal Area	36.5	ABOVE GROUND IN BIRCH TREE
		Top of Distribution Lines ~~or Chambers~~	47.5	

NOTES:

- BACKFILL AND PERIMETER FILL TO BE SANDY LOAM OR COARSER IN TEXTURE.
- GRADE LAND AROUND DISPOSAL BED TO DIVERT WATER FROM AREA.
- REMOVE ORGANIC LAYER AND SCARIFY THE SOIL SURFACE BEFORE INSTALLING FILL.

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 10 Ft.
Horizontal: 1 Inch = 10 Ft.



William J. Noble
Site Evaluator or Professional Engineer's Signature

75
SE # / [redacted]#

5-10-83
Date