

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS	
Town Or Plantation	<i>Augusta</i>
Street	<i>295 Paradise Drive</i>
Subdivision Lot #	
PROPERTY OWNERS NAME	
Last: <i>Worke</i>	First: <i>Robert</i>
Applicant Name:	<i>Robert Worke</i>
Mailing Address of Owner/Applicant (If Different)	<i>177 - 10000 Redwood</i>

Caution: Permit Required

AUGUSTA 1814 TOWN COPY

Date Permit Issued: 5/1/90 Fee: 200.00 Double Fee Charged

Richard D. Kelly
Local Plumbing Inspector Signature L.P.I. # 1800

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.

Robert Worke 5/1/90
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.

Richard D. Kelly # 1872 6/14/90
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
- Requiring Local Plumbing Inspector Approval
- Requires State and Local Plumbing Inspector Approval

INSTALLATION IS:

COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM
(Includes Alternative Toilet)
- ENGINEERED (+ 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED 1947

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: Just Vent

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER _____
SPECIFY _____

SIZE OF PROPERTY
16,000 sq ft

ZONING
RA

TYPE OF WATER SUPPLY
City Water

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: _____ GALS.

WATER CONSERVATION

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

- NOT REQUIRED
- MAY BE REQUIRED
(DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

N/A

DESIGN FLOW: _____
(GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: _____ CONDITION: _____

DEPTH TO LIMITING FACTOR: _____

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq. Ft.
- CHAMBER _____ Sq. Ft.
 REGULAR H-20
- TRENCH _____ Linear Ft.
- OTHER: _____

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.

Site Evaluator Signature _____ SE# _____ Date _____

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

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