SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Subdivision Lot #	502 RIVERSIDE DR.

PROPERTY OWNERS NAME

Last: BROWNE First: STANLEY

Applicant Name	
Mailing Address of Owner/Applicant (If Different)	502 RIVERSIDE DR. AUGUSTA, ME 04330

M50413

AUGUSTA PERMIT # 269 TOWN COPY

Date Permit Issued: $ 40.00 FEE ☐ If Double Fee Charged

Robert St Pierre
Local Plumbing Inspector Signature

L.P.I. # 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

Stanley T. Browne
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 St Pierre 9/4/84
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. ☐ NEW SYSTEM
2. ☒ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ SEASONAL CONVERSION
5. ☐ EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. ☐ 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. ☒ 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:

YEAR FAILING SYSTEM INSTALLED _____

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	ZONING
2 Ac	

TYPE OF WATER SUPPLY

CITY

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☒ SEPTIC ☐ Regular ☐ Low Profile
2. ☐ AEROBIC

SIZE 1000 GALS

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.)

4 BEDROOMS

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
8	P

DEPTH TO LIMITING FACTOR 7"

SIZE RATINGS USED FOR DESIGN PURPOSES

1. ☐ SMALL
2. ☐ MEDIUM
3. ☐ MEDIUM-LARGE
4. ☒ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. ☒ BED 1400 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER _____

DESIGN FLOW 360 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

I, SITE EVALUATION WAIVER BY LOCAL OPTION

On 7/9/84 (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.

[signature] #51 7/16/84
Site Evaluator or Professional Engineer's Signature Date

Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Option

City

Town, City, Plantation | Street, Road, Subdivision | Owner's Name

SITE PLAN

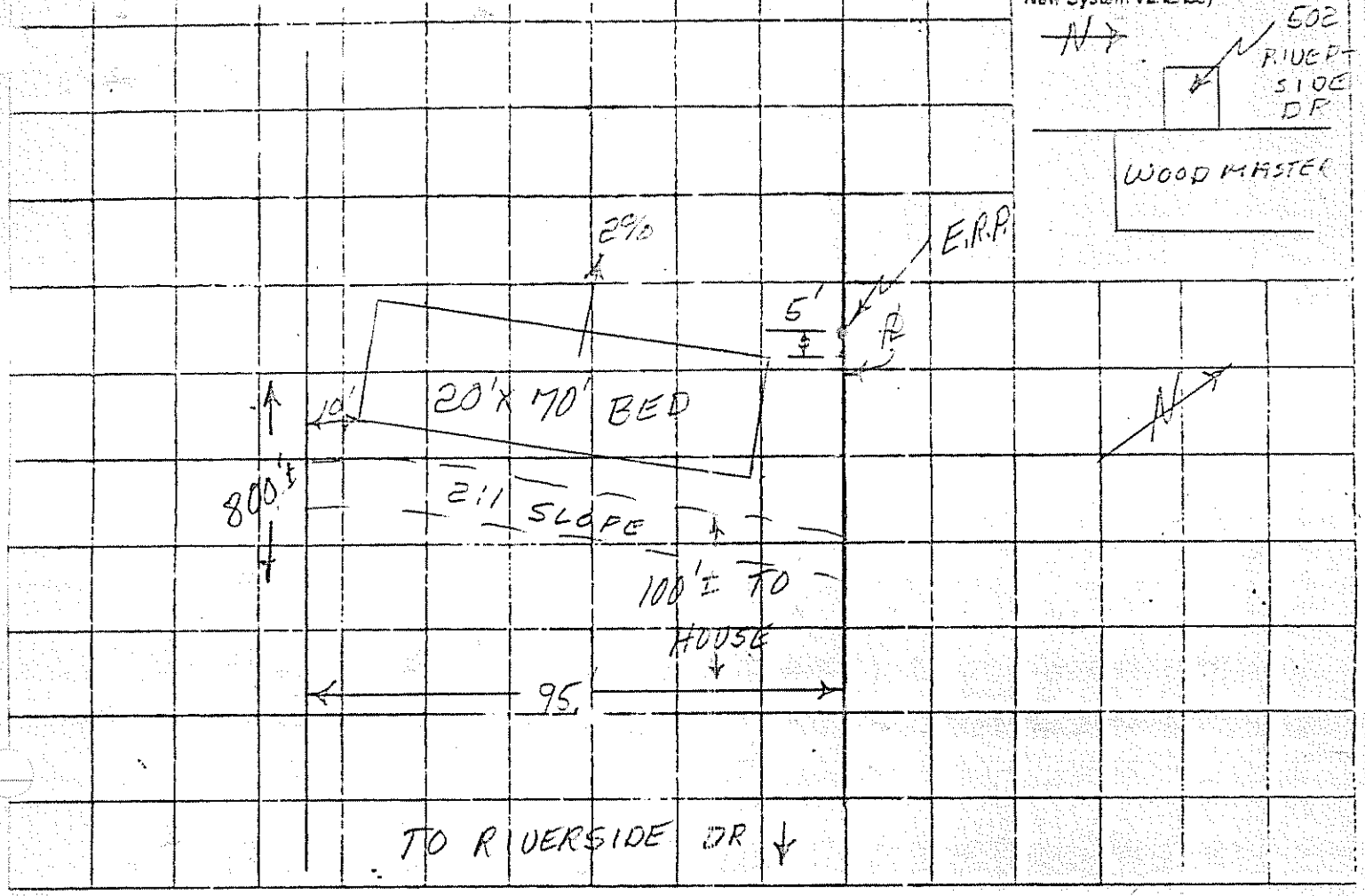
Scale 1" = 30 FT.

SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)

N

502 RIVERSIDE DR

WOOD MASTER



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

Observation Hole 1 ☐ Test Pit ☒ Boring

_____" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling
SI.-L.	FRIABLE	B	17
C/S	FIRM	G.B.	24
INT. F.S. ST			40
CL			

Soil	Classification	Slope	Limiting Factor
8	C	2 %	7

☒ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole _____ ☐ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling

Soil	Classification	Slope	Limiting Factor
		%	

☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

Soil Evaluator or Professional Engineer's Signature | #51 BE or PE # | 7/16/84 Date

HHE - 200 Rev. 6/82

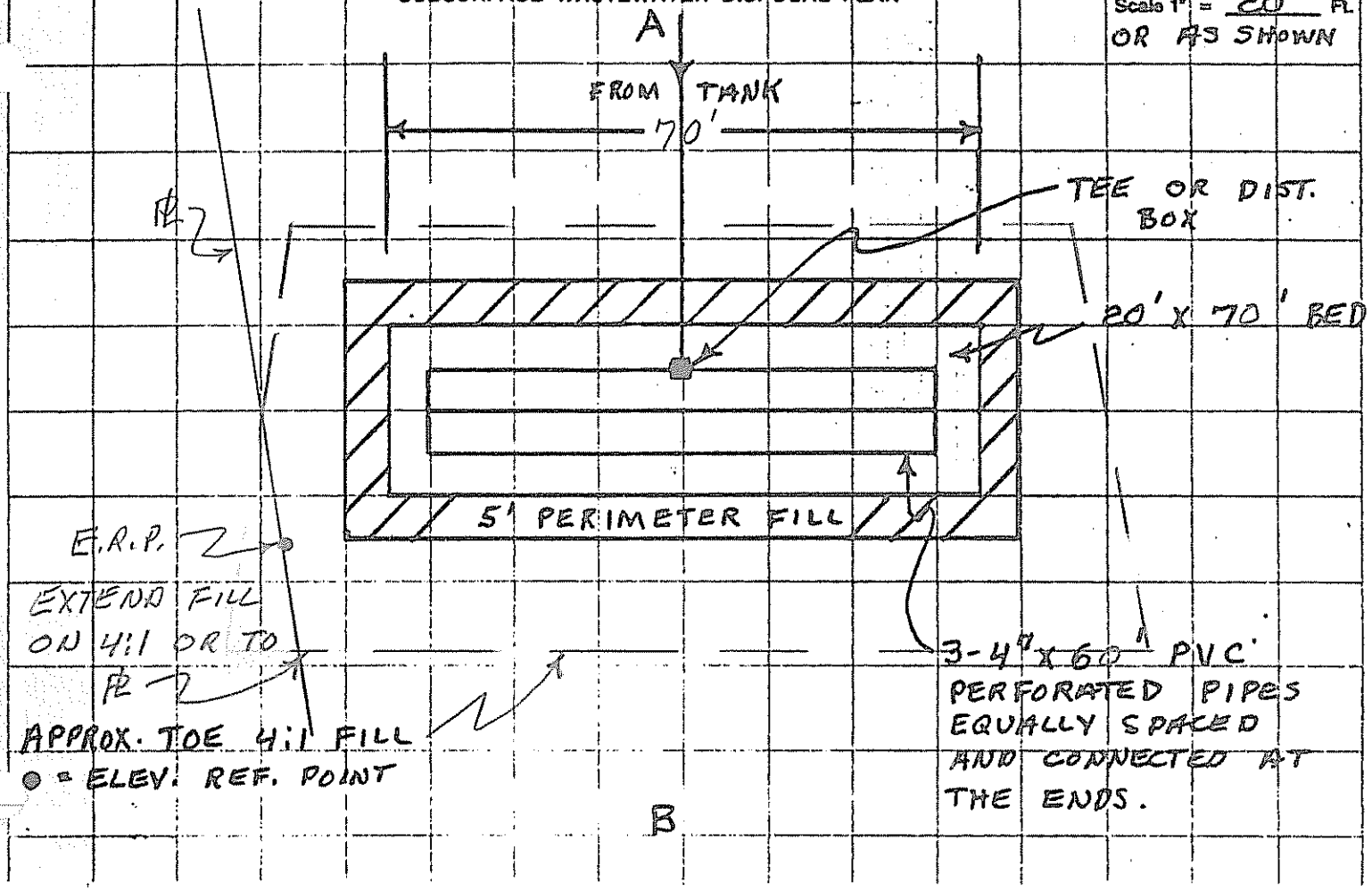
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	502 RIVERSIDE DR	BROWNE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft. OR AS SHOWN



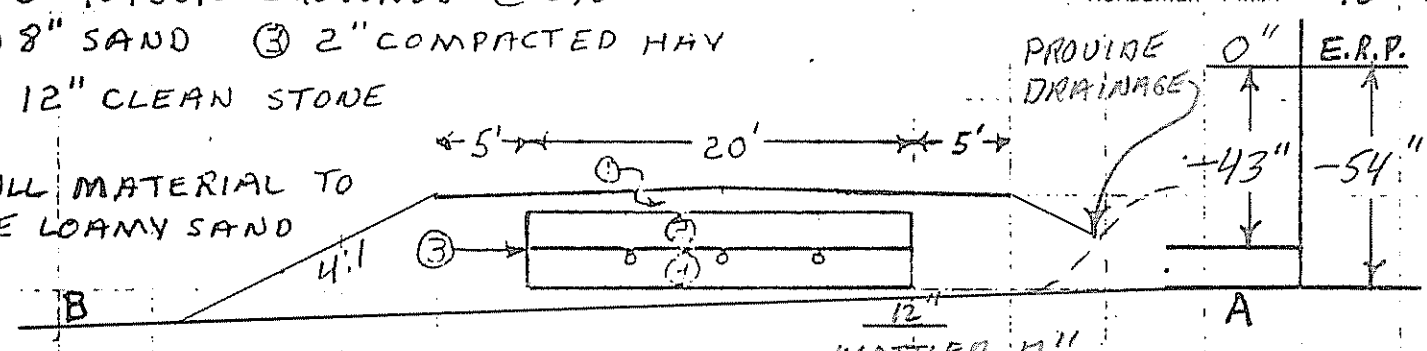
FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	29	Reference Elevation is	0	NAIL IN 60"± WILLOW TREE
Depth of Fill (Downslope)	31±	Bottom of Disposal Area	-54"	
		Top of Distribution Lines or Chambers	-43"	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.

① 3" TOPSOIL CROWNED @ 3%
② 8" SAND ③ 2" COMPACTED HAY
④ 12" CLEAN STONE

FILL MATERIAL TO BE LOAMY SAND



Wm W Redmont
Site Evaluator or Professional Engineer's Signature

#51
SE # PE #

7/16/84
Date

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