622-2676

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

M51213

AUGUSTA PERMIT # 901 TOWN COPY

Date Permit Issued: 11/7/86 $ 150.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature, L.P.I. # 1808

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Subdivision Lot #	597 RIVERSIDE DR.

PROPERTY OWNERS NAME

Last: SZADY First: LOUIS

Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	597 RIVERSIDE DR. AUGUSTA, ME 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

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 11-12-86

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. ☐ Requiring Local Plumbing Inspector Approval
4. ☐ Requires 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: 82350 □'±

ZONING:

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.)

3 BEDROOMS

DESIGN FLOW: 300 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
2	A/C

DEPTH TO LIMITING FACTOR: 24/18

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

1. ☒ BED 1000 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 10/30/86 (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# #51 — Date 11/1/86

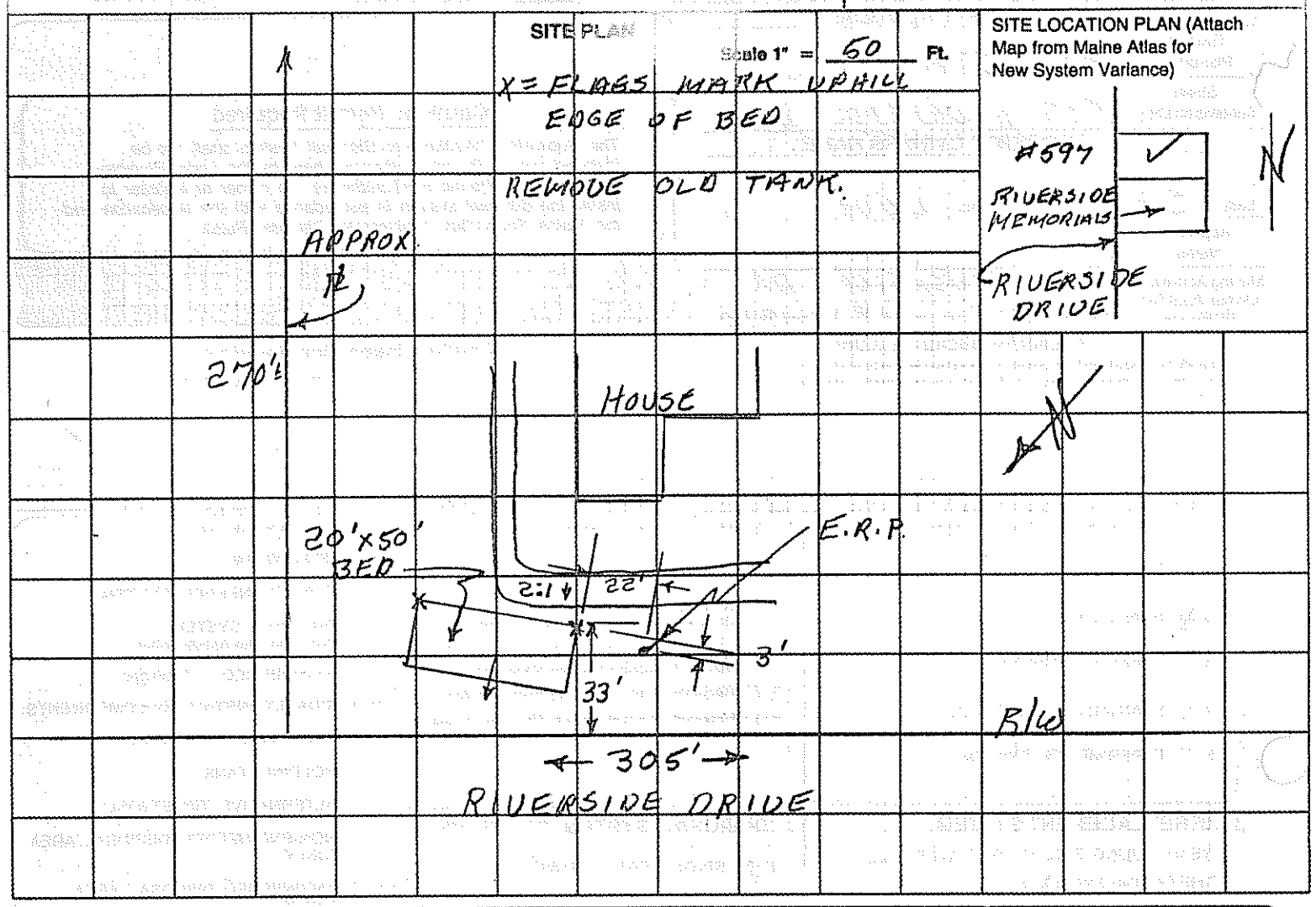
* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Option

SUBSURFACE WASTEWATER DISPOSAL S... ...ICATION ... Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name

SITE PLAN

Scale 1" = 50 Ft.



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

Observation Hole 1 ☐ Test Pit ☒ Boring

+1 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (Inches)	Texture	Consistency	Color	Mottling
0–6	S.L.	FRIABLE	B	
6–18				
18–24	G.T.	FIRM	G.B.	
		POSSIBLE BEDROCK 24"		

Soil	Classification	Slope	Limiting Factor	
2 (Profile)	A/C (Condition)	4 %	24/18	☒ 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
0–50				

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

[signature] Site Evaluator or Professional Engineer's Signature

#51 SE# / PE#

11/1/86 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

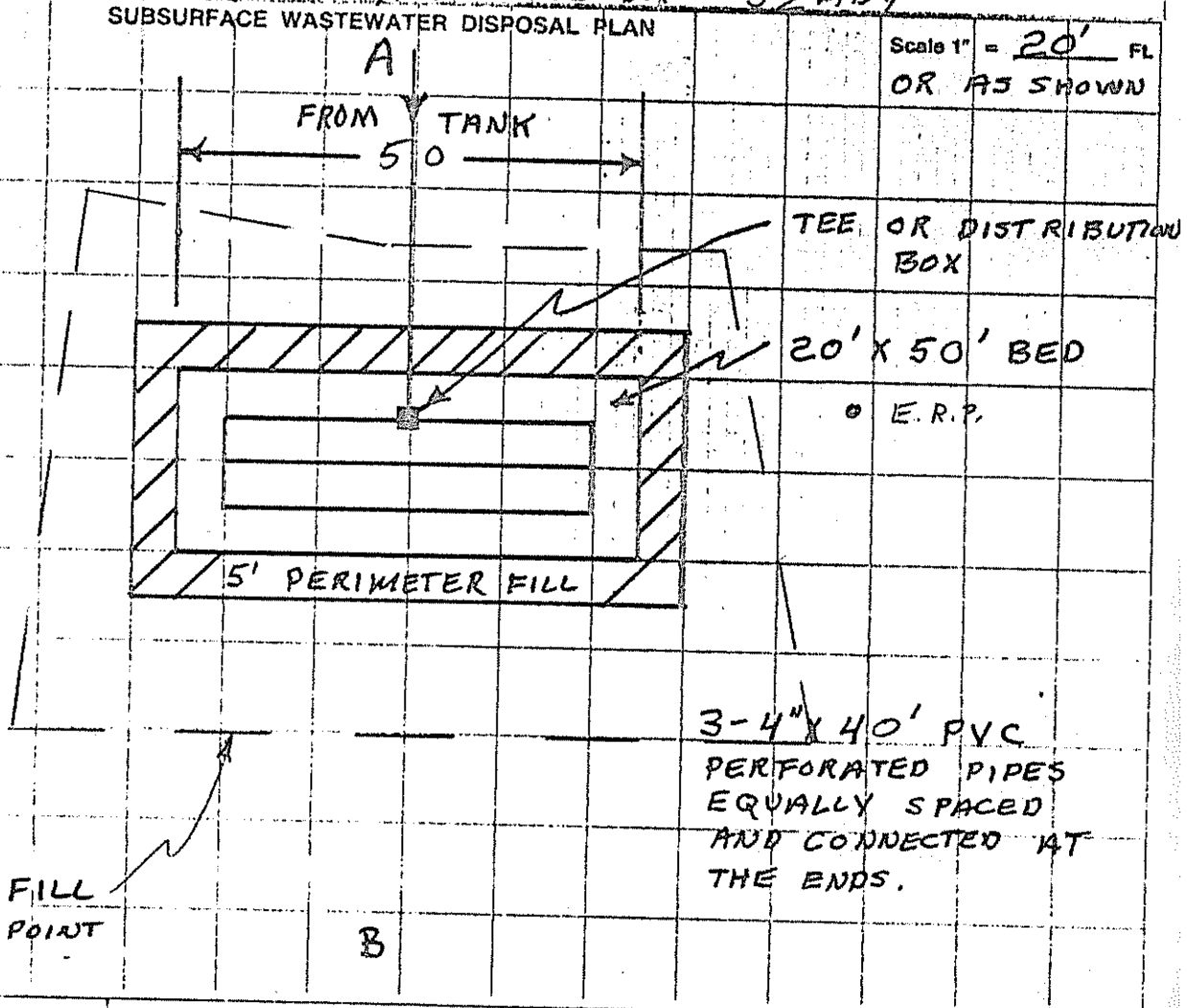
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: 597 RIVERSIDE DR

Owners Name: SZADY

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL OR AS SHOWN

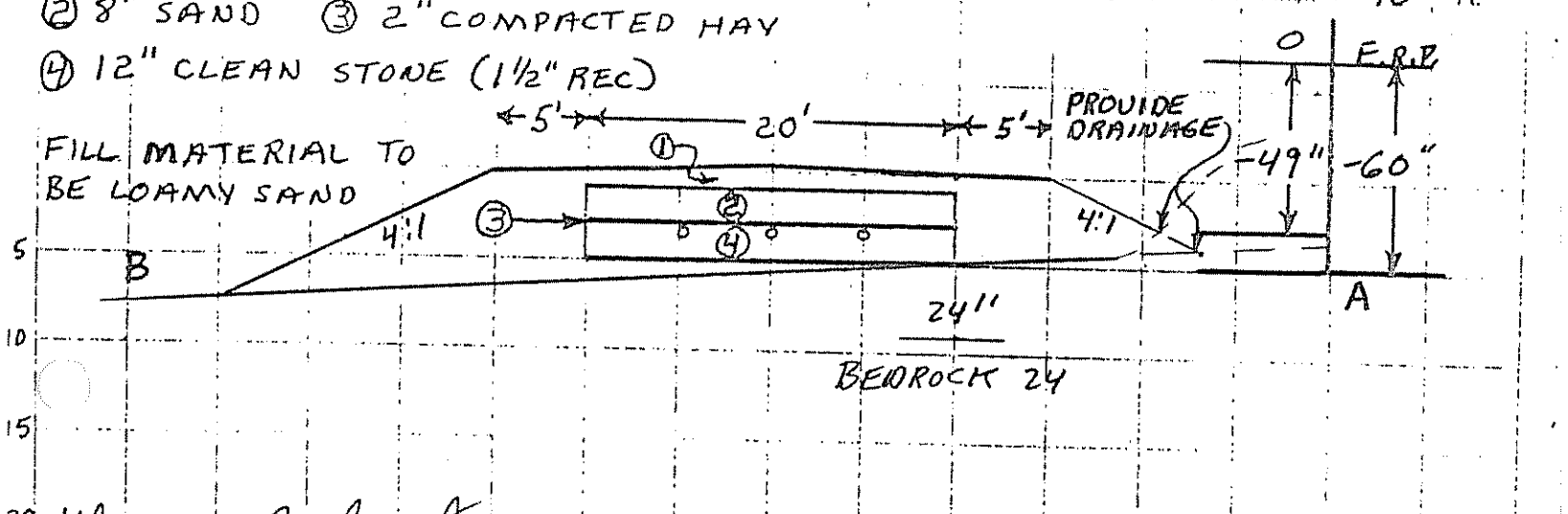


FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	24"	Reference Elevation is	0	NAIL IN 30" MAPLE
Depth of Fill (Downslope)	36"	Bottom of Disposal Area	-60"	
		Top of Distribution Lines or Chambers	-49"	

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 (1½" REC)



Wm W Redmond
Site Evaluator or Professional Engineer's Signature

#51
SE # / PE #

11/1/46
Date