Pipes & D Box exposed for insption M54L15A

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Subdivision Lot #	815 RIVERSIDE DRIVE

PROPERTY OWNERS NAME

Last: First:

Applicant Name:	DUDLEY JOHN
Mailing Address of Owner/Applicant (If Different)	815 RIVERSIDE DRIVE AUGUSTA, ME. 04330

AUGUSTA PERMIT # 538 ✓ TOWN COPY

Date Permit Issued: 8 12 85 $ 80 FEE ☐ If Double Fee Charged

Robert St Pierre L.P.I. # 667

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.

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 8/22/85

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. ☐ 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 GUEST HOUSES SPECIFY

SIZE OF PROPERTY: 1 Act

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: 40 GALS.

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

GUEST HOUSES
3 BEDROOMS

DESIGN FLOW: 300 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

	PROFILE	CONDITION
BEST FITS	4	C

DEPTH TO LIMITING FACTOR: 30

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

1. ☒ BED 800 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 8/5/85 (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 8/6/85

Site Evaluator Signature SE# Date

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

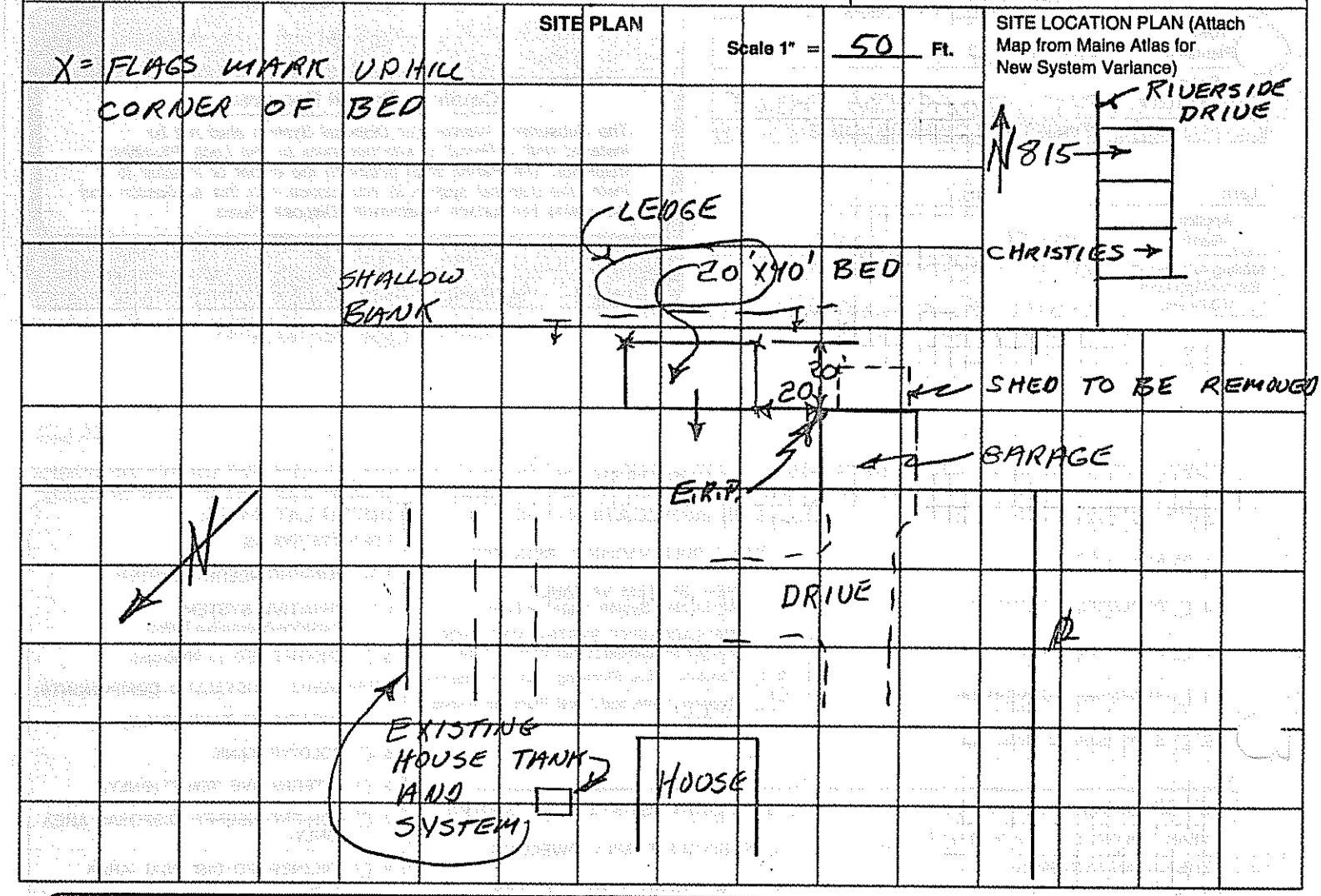
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

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

SITE PLAN

Scale 1" = 50 Ft.



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

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

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	S.L.	FRIABLE	B.	
10	TO			
			12	
15	L.S.		Y.B.	
20				
		FIRM		
30				30
40			40	
	SAND	LOOSE		
50				

Soil Profile	Classification Condition	Slope	Limiting Factor	
4	C	2 %	30	☒ 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				
10				
15				
20				
30				
40				
50				

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

[signature] #51 8/6/85

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

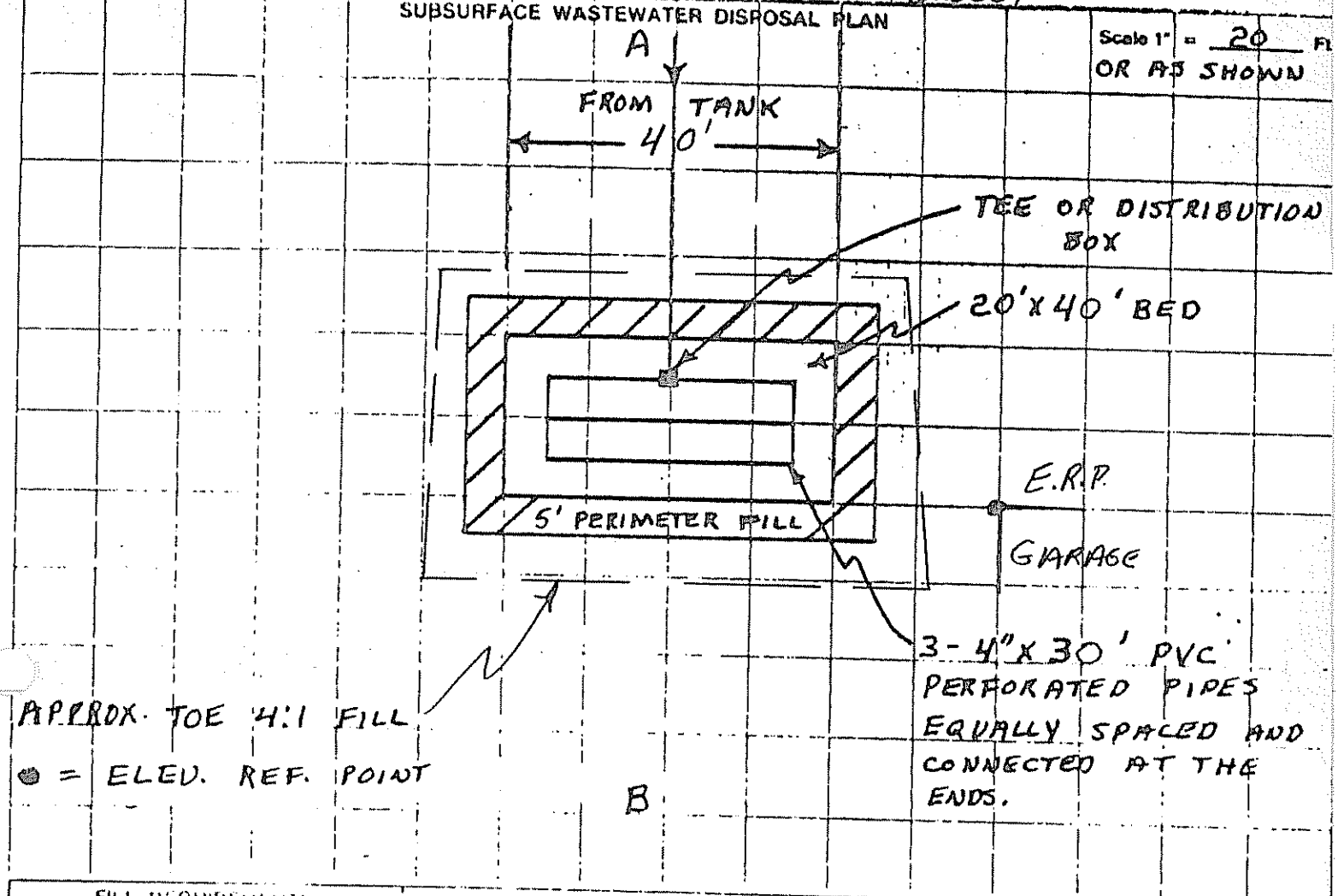
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: 815 RIVERSIDE DRIVE

Owners Name: DUDLEY

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft. OR AS SHOWN



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	6	Reference Elevation is	0	NAIL IN CORNER OF GARAGE
Depth of Fill (Downslope)	12±	Bottom of Disposal Area	-78"	
		Top of Distribution Lines or Chambers	-67"	

DISPOSAL AREA CROSS SECTION

Scale:

Vertical 1 inch = 5 Ft.

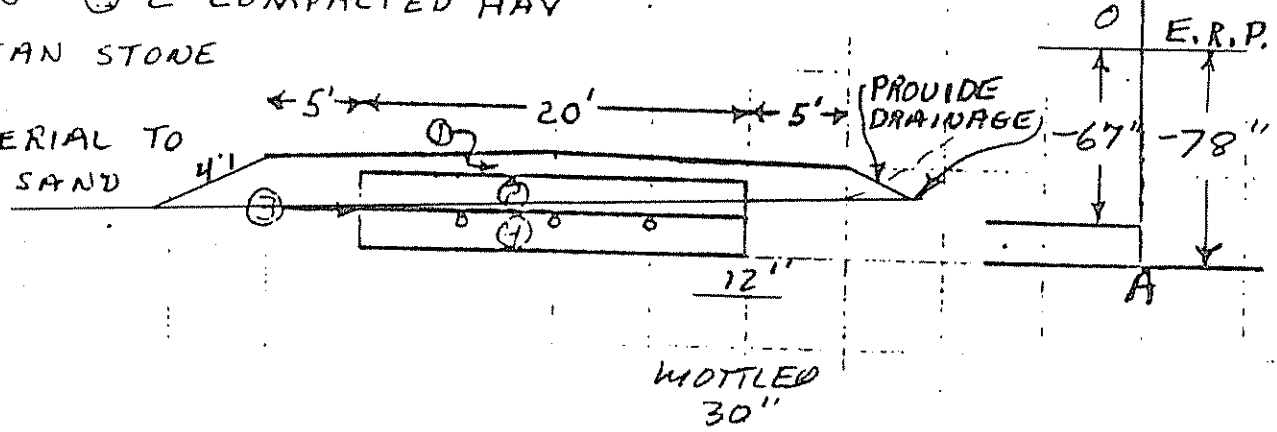
Horizontal 1 inch = 10 Ft.

① 3" TOPSOIL CROWNED @ 3%

② 8" SAND ③ 2" COMPACTED HAY

④ 12" CLEAN STONE

FILL MATERIAL TO BE LOAMY SAND



#51

8/6/85

SUBDIVISION SOIL REPORTS

SITE EVALUATIONS

WILLIAM W. RIDEOUT
Licensed Evaluator and Certified Geologist

RFD 5, BOX 588
GARDINER, MAINE 04345

207 - 582-4161

JOHN DUDLEY
815 RIVERSIDE DRIVE
AUGUSTA, ME. 04330

DATE 8/6/85

8/5/85	SITE EVALUATION, 815 RIVERSIDE DRIVE, AUGUSTA	$100.00 PAID WWR

TERMS: Net 10 days. Balances unpaid after 30 days from date of Invoice are subject to a late payment charge of 1½% per month, or maximum allowed by law, if different, together with expense incidental to collection, including reasonable attorney's fees.