290 Eastern Ave # 293-2474

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 #: EASTERN AVE

PROPERTY OWNERS NAME

Last: PEASE First: ROBERT

Applicant Name: SAME

Mailing Address of Owner/Applicant (If Different): VASSALBORO ME

AUGUSTA 1776 TOWN COPY

Date Permit Issued: 10 23 89 $ 40 FEE ☐ If Double Fee Charged

Richard A Pike
Local Plumbing Inspector Signature

L.P.I. # 872

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.

John Piccarello
Local Plumbing Inspector Signature

11-13-89
Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:
1. ☐ NEW SYSTEM
2. ☑ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ EXPERIMENTAL SYSTEM

SEASONAL CONVERSION
to be completed by the LPI
5. ☐ SYSTEM COMPLIES WITH RULES
6. ☐ CONNECTED TO SANITARY SEWER
7. ☐ SYSTEM INSTALLED – P# _____
8. ☐ SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED ?
THE FAILING SYSTEM IS:
1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: ?

THIS APPLICATION REQUIRES:
1. ☑ NO RULE VARIANCE
2. ☐ NEW SYSTEM VARIANCE
Attach New System Variance Form
3. ☐ REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
a. ☐ Requiring Local Plumbing Inspector Approval
b. ☐ Requires State and Local Plumbing Inspector Approval
4. ☐ MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:
1. ☑ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____
SPECIFY

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 _____ GAL
6. ☐ ALTERNATIVE TOILET (ONLY)
7. ☐ NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

SIZE OF PROPERTY: 100 X 100

ZONING: RURAL

TYPE OF WATER SUPPLY
PUBLIC

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: 75-100 GALS.

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

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
9	0

DEPTH TO LIMITING FACTOR: 6

SIZE RATINGS USED FOR DESIGN PURPOSES
1. ☐ SMALL
2. ☐ MEDIUM
3. ☐ MEDIUM-LARGE
4. ☐ LARGE
5. ☑ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE
1. ☐ BED _____ Sq. Ft.
2. ☑ CHAMBER 450 Sq. Ft.
☑ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: 180 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 10/10/89 (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 — 256 SE# — 10/11/89 Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

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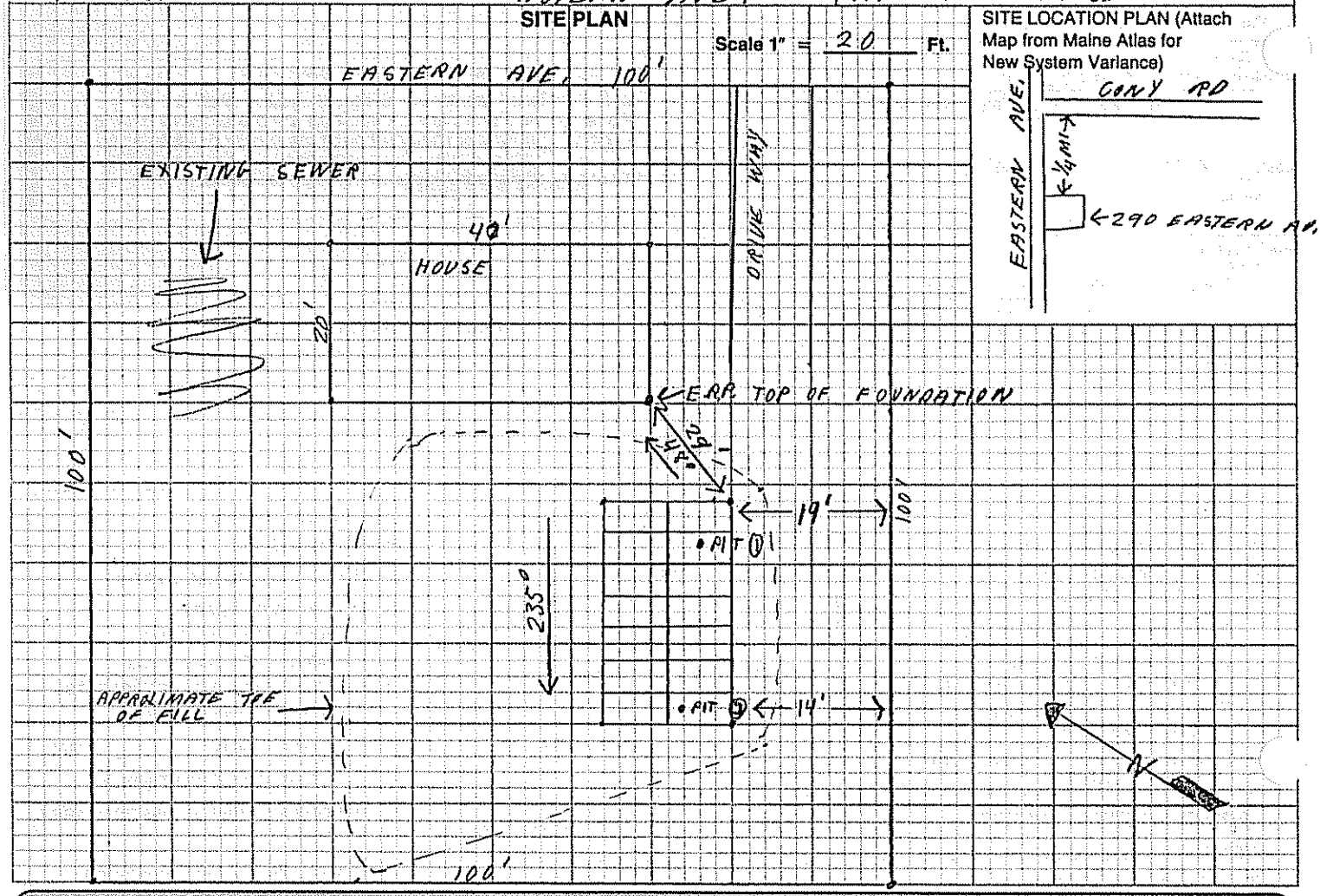
Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	290 EASTERN AVE.	ROBERT PEASE

SITE PLAN

Scale 1" = 20 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 1 ☒ Test Pit ☐ Boring

0 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	SILTY LOAM	FRIABLE	DARK BROWN	
6				
10	SILTY CLAYS	FIRM	GREY TO OLIVE	COMMON DISTINCT
15				
20				
30				
40				
50				

Soil Profile	Classification Condition	Slope	Limiting Factor	
9	D	10 %	7"	☒ Ground Water ☒ Restrictive Layer ☐ Bedrock

Observation Hole 2 ☒ Test Pit ☐ Boring

0 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	SILTY LOAM	FRIABLE	DARK BROWN	
6				COMMON DISTINCT
10	SILTY CLAYS	FIRM	GREY TO OLIVE	
15				
20				
30				
40				
50				

Soil Profile	Classification Condition	Slope	Limiting Factor	
9	D	10 %	6"	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock

Site Evaluator Signature: [signature]

SE#: 256

Date: 10/11/89

HHE-200 Rev.1/84

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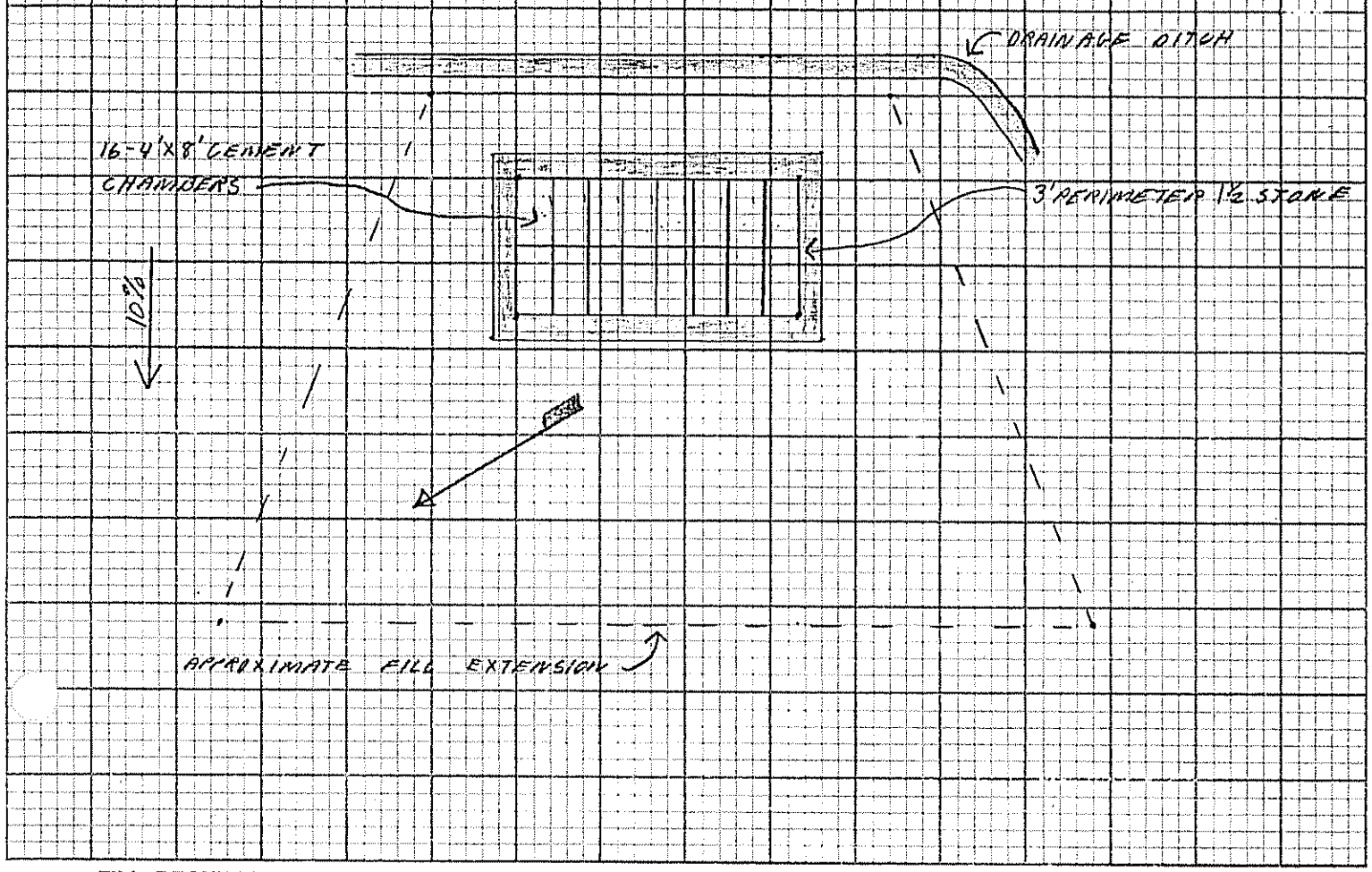
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 26"
Depth of Fill (Downslope) 50"

CONSTRUCTION ELEVATIONS

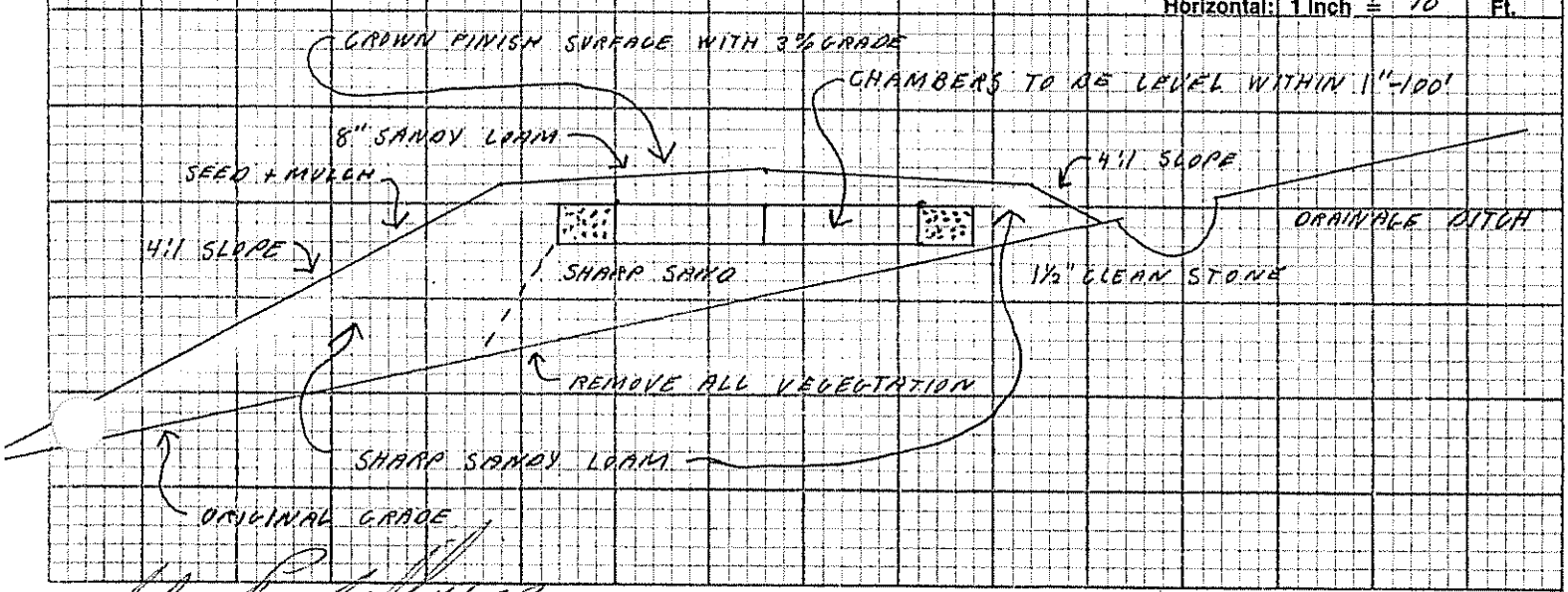
Reference Elevation is 0"
Bottom of Disposal Area -57"
Top of Distribution Lines or Chambers -45"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

E.R.P. IS TOP OF FOUNDATION

DISPOSAL AREA CROSS SECTION

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



Site Evaluator Signature

256
SE#

10/11/89
Date

HHE-200 Rev.1/84