SEE PERMIT # 274

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

M65L3

AUGUSTA — Date Permit Issued: 8 / 15 / 85 — PERMIT # 546 — TOWN COPY

$ 40 FEE ☐ If Double Fee Charged

Robert St Pierre — Local Plumbing Inspector Signature — L.P.I. # 667

PROPERTY ADDRESS

Town Or Plantation	Augusta Me
Street ivision Lot #	[illegible] Ave

PROPERTY OWNERS NAME

Last: [illegible] First: [illegible]

Applicant Name:	[illegible]
Mailing Address of Owner/Applicant (If Different)	Augusta

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.

X _____ 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 — Local Plumbing Inspector Signature — 8/30/85 — 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: [illegible]

ZONING: [illegible]

TYPE OF WATER SUPPLY

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.)

DESIGN FLOW: _____ (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION

DEPTH TO LIMITING FACTOR: _____

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 200 Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ 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 s[illegible] propose is in accordance with the Subsurface Wastewater Disposal Rules.

_____ Site Evaluator or Professional Engineer's Signature — _____ SE# / PE# — _____ Date

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

TOWN COPY

This Permit # 546 See Permit 224

Division of Health Engineering
Station No. 10
State House
Augusta, Maine 04333

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

This Is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

HHE-200

Application Is For: ○ New System ☒ Replacement Of Entire System ○ Expanded System ○ Replacement Of Disposal Area Only ○ Conversion Permit

Variance: ○ None Required ○ New System Variance ☒ Replacement System Variance With: ○ LPI Approval ☒ Dept. Review

PROPERTY LOCATION

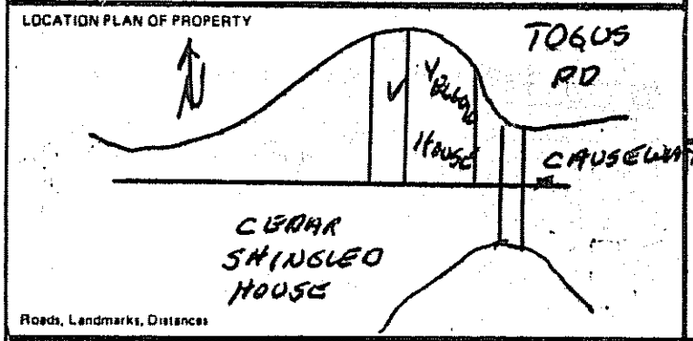
Town, Plantation	Street, Road	Subdivision Name	Lot No.
AUGUSTA	RT 105		

PROPERTY OWNER or APPLICANT: JAMES TIERNEY

Mailing Address: 34 GROVE STREET — Tel. No.

AUGUSTA, MAINE — Town, State, Zip Code

LOCATION PLAN OF PROPERTY



Roads, Landmarks, Distances

TYPE OF STRUCTURE, DESIGN FLOW

☒ Single Family Dwelling — Number of Bedrooms 2 — Design Flow 150 GPD

Design Flow based on ☒ Minimum ○ Moderate ○ Conservative

○ Reduction in Design Flow due to Water Conservation

If so, specify type (s) _____

○ Other Establishment — Specify _____ Type of Facility

(Number of Employees, Seating Capacity, Building Size, etc.)

Design Flow _____ GPD — If greater than 2000 GPD, Specify Professional Engineer

PROPERTY INFORMATION

Area of Property 60X150'± ○ Sq. Ft. ○ Acres ☒ Zoned ○ Not Zoned

If zoned, type of zoning RES

Property on Water Body. If so, Name of Water Body TOGUS PD

Water Supply is: ○ Public Utility, ○ Drilled Well _____ depth ○ Dug Well _____ depth ○ Well Point ○ Spring ○ Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

TEXTURAL DESC. / SOIL STRATS EX.	Observation Hole No. ____ ○ Test Pit ○ Boring	Observation Hole No. ____ ○ Test Pit ○ Boring	Observation Hole No. ____ ○ Test Pit ○ Boring
	Organic Strata or (Existing Fill) Thickness ____"	Organic Strata or (Existing Fill) Thickness ____"	Organic Strata or (Existing Fill) Thickness ____"
	1st Original Mineral Soil Strata Depth from 0 " to ____" Thickness ____" VARIABLE FILL	1st Original Mineral Soil Strata Depth from 0 " to ____" Thickness ____"	1st Original Mineral Soil Strata Depth from 0 " to ____" Thickness ____"
	2nd Depth from ____" to ____" Thickness ____" OVER 3-C/D SOIL	2nd Depth from ____" to ____" Thickness ____"	2nd Depth from ____" to ____" Thickness ____"
	3rd Depth from ____" to ____" Thickness ____"	3rd Depth from ____" to ____" Thickness ____"	3rd Depth from ____" to ____" Thickness ____"
	4th Depth from ____" to ____" Thickness ____"	4th Depth from ____" to ____" Thickness ____"	4th Depth from ____" to ____" Thickness ____"
	Total Depth of Observation Hole ____"	Total Depth of Observation Hole ____"	Total Depth of Observation Hole ____"
Depth from top of ORIGINAL MINERAL SOIL	Maximum Seasonal High Ground Water Table Depth 12± " ○ None evident	Maximum Seasonal High Ground Water Table Depth ____" ○ None Evident	Maximum Seasonal High Ground Water Table Depth ____" ○ None evident
	Depth to Restrictive Layer 18± " ○ None evident	Depth to Restrictive Layer ____" ○ None evident	Depth to Restrictive Layer ____" ○ None evident
	Depth to Bedrock ____" ☒ None evident	Depth to Bedrock ____" ○ None evident	Depth to Bedrock ____" ○ None evident

PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE
FILL OVER 3	C/D	3%			%			%

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2

TYPE OF SYSTEM

☒ Combined System
○ Separated System
If separated system, specify black waste disposal system to:
○ Compost
○ Pit Privy
○ Sealed Vault Privy
○ Other:
Specify: _____
○ Separated Laundry System
○ Primitive System
○ Holding Tank

TREATMENT TANK

☒ Septic Tank
○ Aerobic Tank
Size 1000 Gals.

DOSAGE

☒ Pumping is not required
○ Pumping is required
The dose should be _____ Gals.
Dosage chamber capacity shall be _____ gals.
☒ System should be vented

SUBSURFACE DISPOSAL AREA/TYPE

○ Trench Disposal Area
Total linear feet of trench ____ ft.
Number of Trench lines ____ ft.
Length of each trench line ____ ft.
Depth of Stone ____ inches.
Reduction on trench length due to stone depth ____ %

○ Bed Disposal Area
Total bed area ____ sq. ft.
Number of beds ____
Width ____ ft. Length ____ ft.

☒ Chamber Disposal Area
Total chamber area 256 sq. ft.
Number of clusters 8 - 4X8'S
Width 16 ft. Length * SEE PLAN ft.
○ H-20 required

SYSTEM SIZE RATING

○ Small ○ Medium ☒ Medium Large ○ Large ○ Extra Large

DISPOSAL AREA ELEVATION

Depth of Upslope Fill required 12± inches.
Depth of Downslope Fill required 24± inches.
Reference Elevation Point established at 0 Elevation.
Disposal Area Bottom to be established at -17" Elevation.
Top of Distribution Lines or Top of Chambers -4" Elevation.

○ Yes ☒ No: The proposed subsurface disposal area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook stream, river), swamps, marshes, and bogs.

☒ Yes ○ No: The proposed subsurface disposal area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.

BY SITE EVALUATOR

On 6/1/82 (date), a site investigation for this project was completed. I conducted this soil evaluation and certify the results indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.

Signature of Site Evaluator: [signature] — Date signed 6/1/82 — Site Evaluator License Number 51

FOR USE BY OWNER/APPLICANT

I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.

Signature of Owner/Applicant: James G. Turner — Date Signed

FOR USE BY LPI: ○ This Application is approved. If conditions, specify:
○ This Application is Denied due to: ○ System is not in accordance with Rules. ○ Application is incomplete. ○ Application is unclear. ○ Development is in violation of other Regulations. Specify _____

Signature of LPI — Date

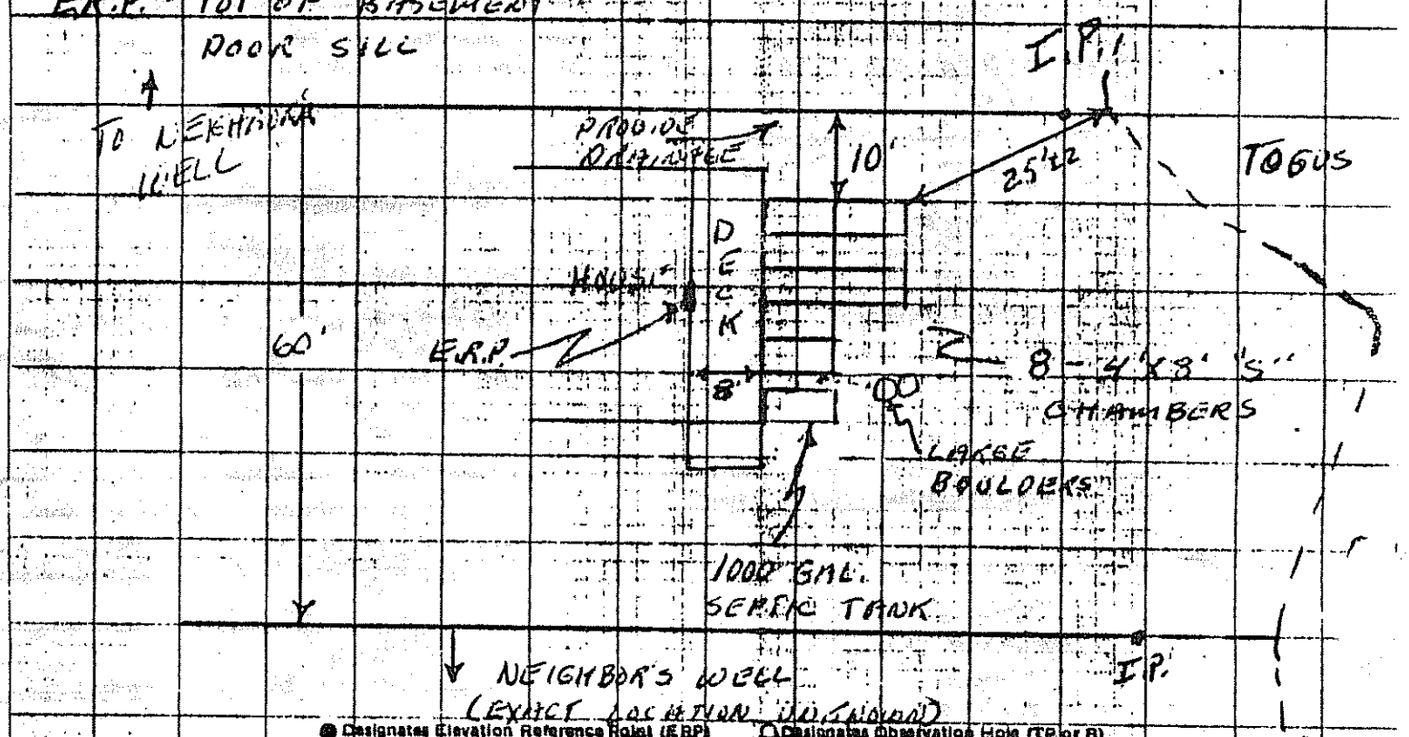
PERMIT NO. 224

Date Issued

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

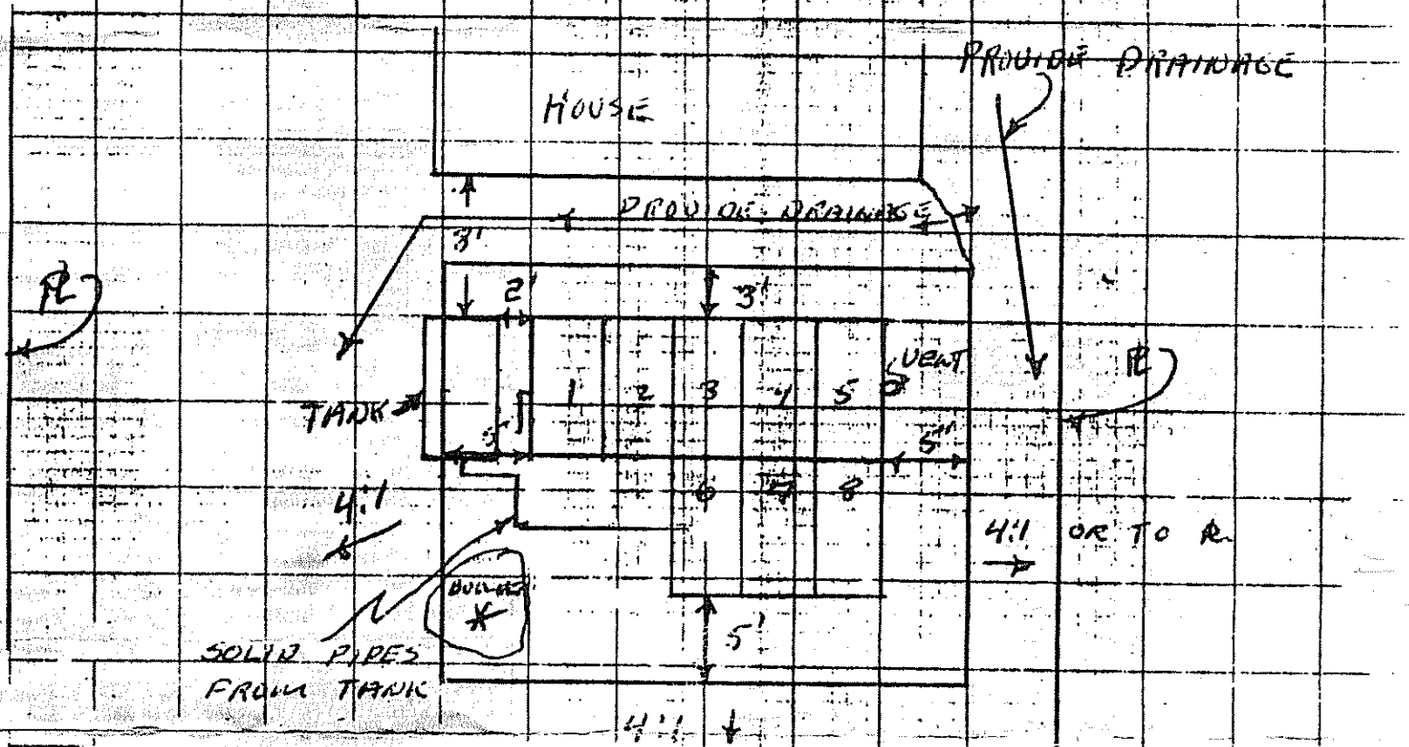
PROPERTY LOCATION			
Town, Plantation	Street, Road	Subdivision Name	Lot No
PROPERTY OWNER or APPLICANT	DISPOSAL AREA ELEVATION Depth of Upslope Fill required 12± inches. Depth of Downslope Fill required 24± inches.	Reference Elevation Point established at 0 Elev. Disposal Area Bottom to be established at -17" Elev. Top of Distribution Lines or Top of Chambers -4" Elevation	

Site Plan Scale 1" = 20 ft.



● Designates Elevation Reference Point (ERP) ○ Designates Observation Hole (TP or B)

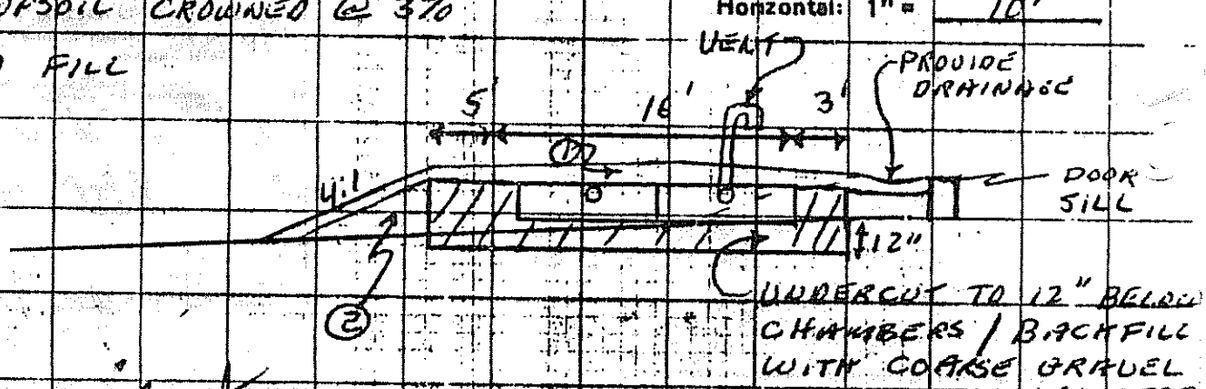
Subsurface Wastewater Disposal Plan Scale 1" = 20' or 10'



Subsurface Wastewater Disposal Area Cross-section Scale: Vertical: 1" = 5' Horizontal: 1" = 10'

① - 6" TOPSOIL CROWNED @ 3%

② SAND FILL



Signature [signature] Date 6/1/93 License Number 51