

~~Contractor~~

Map 66 Lot 11

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

## PROPERTY ADDRESS

Town Or Plantation

Augusta

Street vision Lot #

Tasker Rd.

## PROPERTY OWNERS NAME

Last: Collins First: Myrtle

Applicant Name:

Same

Mailing Address of Owner/Applicant (If Different)

PO 587  
Bath, Maine 04530

AUGUSTA  
Date Permit Issued: 11/5/2009  
Local Plumbing Inspector Signature: [Signature]  
L.P.I. # 1850  
4406  
TOWN CODE  
\$1000  
FEE Charged  Double Fee

## 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: [Signature] Date: 5/27/10

## 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: \_\_\_\_\_

## 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# \_\_\_\_\_
- 9.  SYSTEM DESIGN RECORDED AND ATTACHED

### IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED \_\_\_\_\_

THE FAILING SYSTEM IS:

- 1.  BED
- 2.  CHAMBER
- 3.  TRENCH
- 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: Cottage Seasonal 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 750 GAL
  - 6.  ALTERNATIVE TOILET (ONLY)
  - 7.  NON-ENGINEERED DISPOSAL AREA (ONLY)
  - 8.  ENGINEERED DISPOSAL AREA (ONLY)
  - 9.  SEPARATED LAUNDRY SYSTEM

### TYPE OF WATER SUPPLY

Lake

SIZE OF PROPERTY

128x132

ZONING

Shoreland

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

### TREATMENT TANK

- 1.  SEPTIC:  Regular  Low Profile
- 2.  AEROBIC

SIZE: 750 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.)

### 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 \_\_\_\_\_ Sq. Ft.  
 REGULAR  H-20
- 3.  TRENCH \_\_\_\_\_ Linear Ft.
- 4.  OTHER: \_\_\_\_\_

DESIGN FLOW: \_\_\_\_\_

(GALLONS/DAY)

## SITE EVALUATOR STATEMENT

On \_\_\_\_\_ (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#

Date

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