

PROPERTY ADDRESS

Town Or Plantation: Augusta

Street Subdivision Lot #: Woods Mills Rd.

PROPERTY OWNERS NAME

Last: White First: Bradstreet

Applicant Name: same

Mailing Address of Owner/Applicant (If Different): RE Box 7230 Augusta

Map 74 Lot 29

AUGUSTA 4028 TOWN COPY

Date Permit Issued: 9.21.98 \$ 50 FEE If Double Fee Charged

Chris R. Yulish L.P.I. # 830

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.

Bradstreet White

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

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. NEW SYSTEM

2. REPLACEMENT SYSTEM

3. EXPANDED SYSTEM

4. EXPERIMENTAL SYSTEM

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

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

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: _____

DISPOSAL SYSTEM TO SERVE:

1. SINGLE FAMILY DWELLING

2. MODULAR OR MOBILE HOME

3. MULTIPLE FAMILY DWELLING

4. OTHER _____ SPECIFY

SIZE OF PROPERTY _____ ZONING _____

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
(DEPENDS 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 _____ Sq. Ft.
 REGULAR H-20

3. TRENCH _____ Linear Ft.

4. OTHER: _____

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.)