M75Q

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 #	WEEKS MILLS ROAD

PROPERTY OWNERS NAME

Last: BRADSTREET First: BETTY

Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	BOX 12 PALERMO ME

Caution: Permit Required

Date Permit Issued: AUGUSTA 8/23/91 $ 2256 TOWN COPY FEE Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 80P

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.

Joseph Bradstreet
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

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 1955

THE FAILING SYSTEM IS:
1. ☐ BED 3. ☒ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

SIZE OF PROPERTY	ZONING
21,600 ⌀ ±	

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

TYPE OF WATER SUPPLY
DRILLED WELL - EXISTING

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☒ SEPTIC: ☒ Regular ☐ Low Profile
2. ☐ AEROBIC

SIZE: EXISTING 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.)
2 Bedroom Single Family Dwelling

DESIGN FLOW: 180 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR SEE PAGE TWO FILLED LAND

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

DISPOSAL AREA TYPE/SIZE
1. ☒ BED 600 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT - Design Subject to Local, State and Federal Ordinances.

On 7/24/91 (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.

John W. Ld Jr. 168 7/25/91
Site Evaluator Signature SE# Date

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

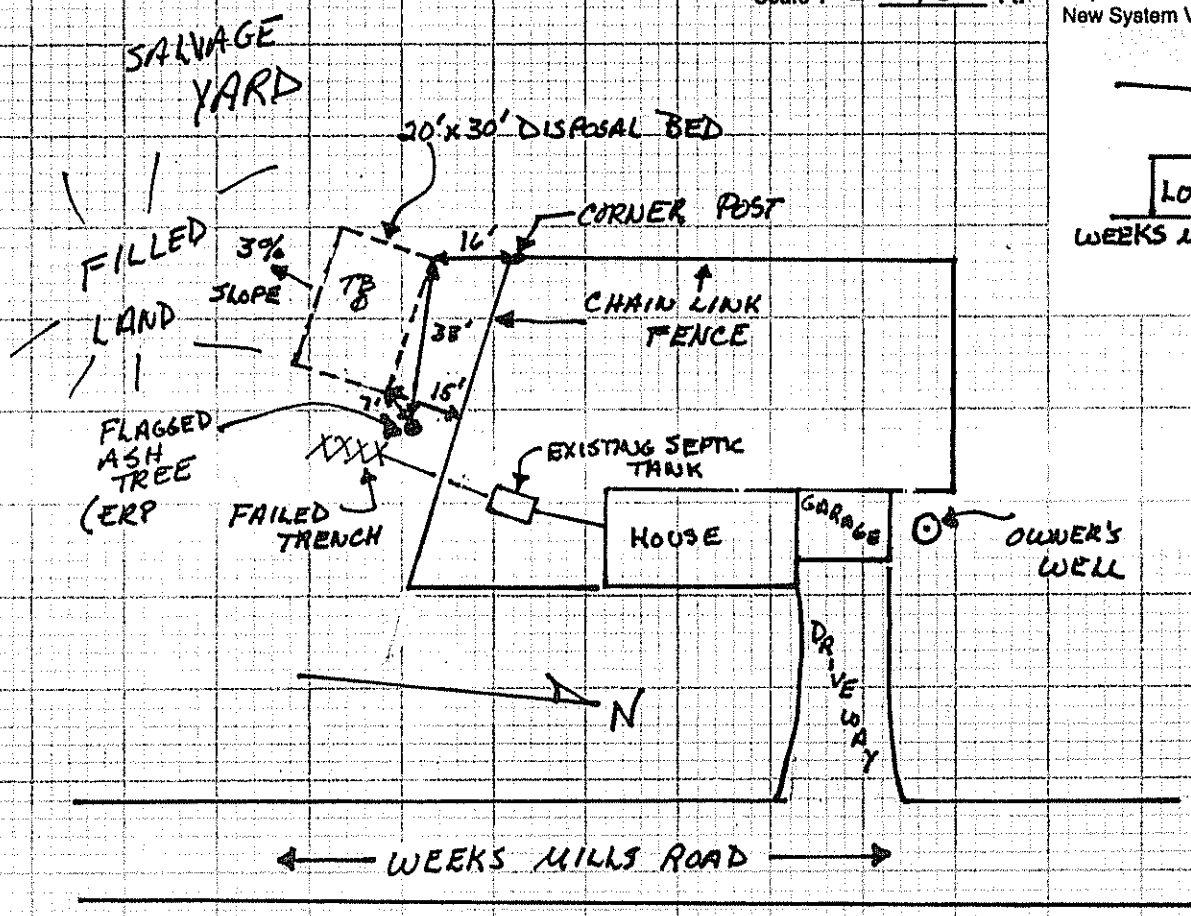
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

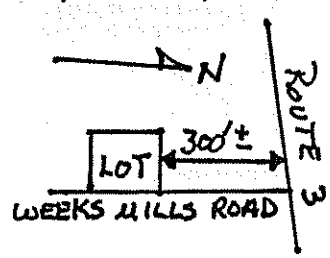
Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: WEEKS MILLS ROAD
Owners Name: Betty Bradstreet

SITE PLAN

Scale 1" = 40 Ft.



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



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

Observation Holes TB, ☐ Test Pit ☒ Borings

NONE " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6				
10	SITE IS PART OF AN			
15	EXISTING SALVAGE YARD.			
20	APPROXIMATELY SIX FEET			
30	OF OLD GRAVELLY FILL			
40	IN ENTIRE AREA AROUND			
50	HOUSE + SYSTEM			

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

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6				
10	SOILS IN ADJACENT			
15	AREAS ARE SANDY LOAM			
20	GLACIAL TILL - 3C			
30	SOIL CLASSIFICATION IN			
40	UPLAND AREAS			
50				

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

Site Evaluator Signature: [signature]

SE#: 168

Date: 7/25/91

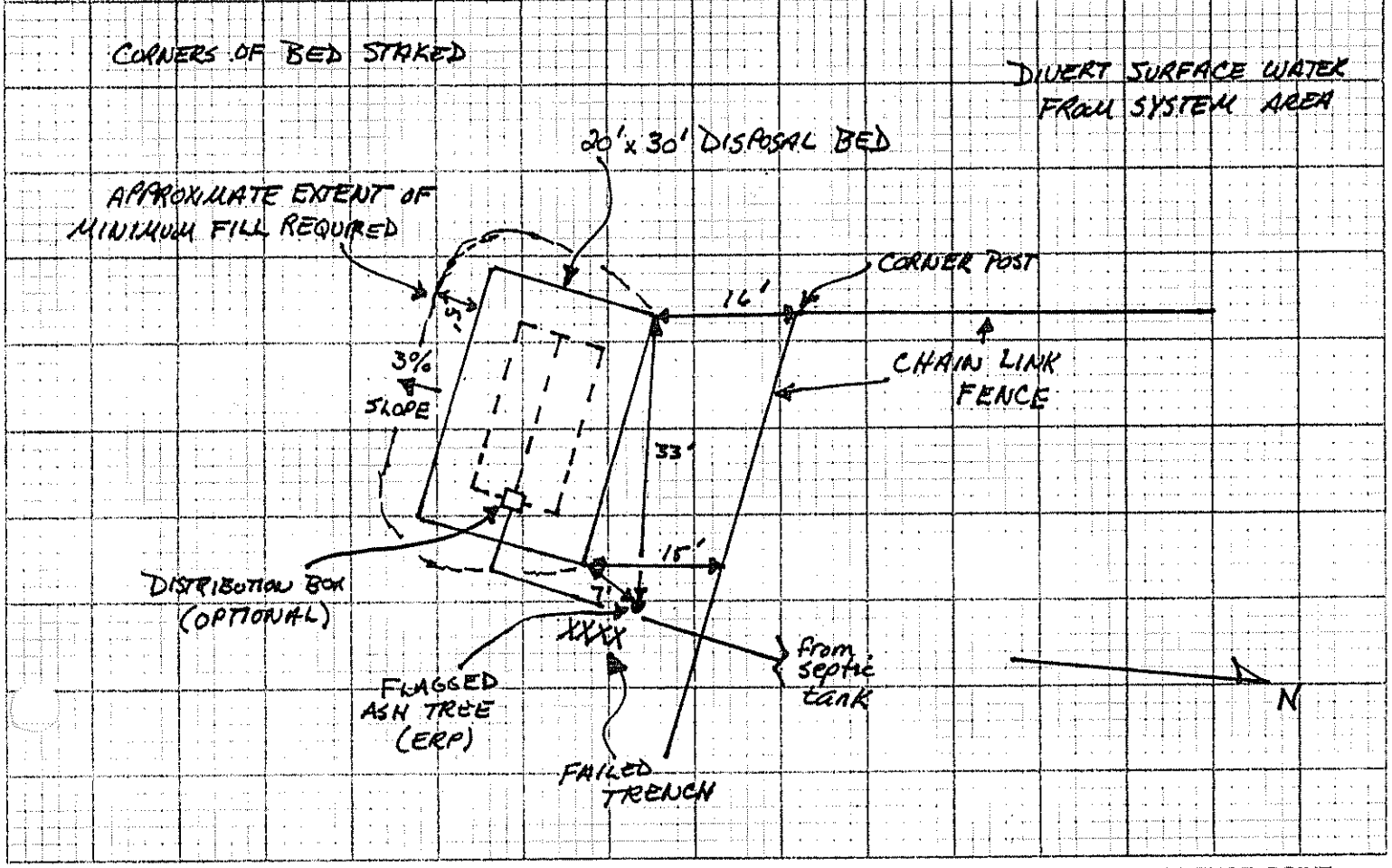
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	WEEKS MILLS ROAD	BETTY BRADSTREET

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 0"

Depth of Fill (Downslope) 6±"

CONSTRUCTION ELEVATIONS

Reference Elevation is 0

Bottom of Disposal Area -64"

Top of Distribution Lines ~~of Chambers~~ -53"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION (ERP

FLAGGED NAIL IN ASH TREE 34" ABOVE EXISTING GRADE AT TREE

DISPOSAL AREA CROSS SECTION

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

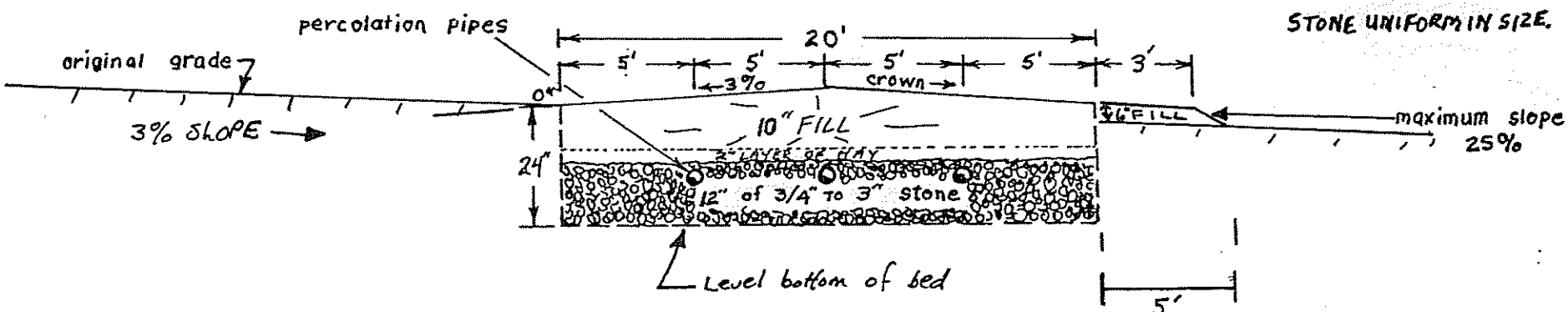
(SEE ATTACHED BED DIAGRAM)

Site Evaluator Signature	SE#	Date
John W. Lal Jr.	168	7/25/91

• SEWAGE DISPOSAL BED DETAILS •

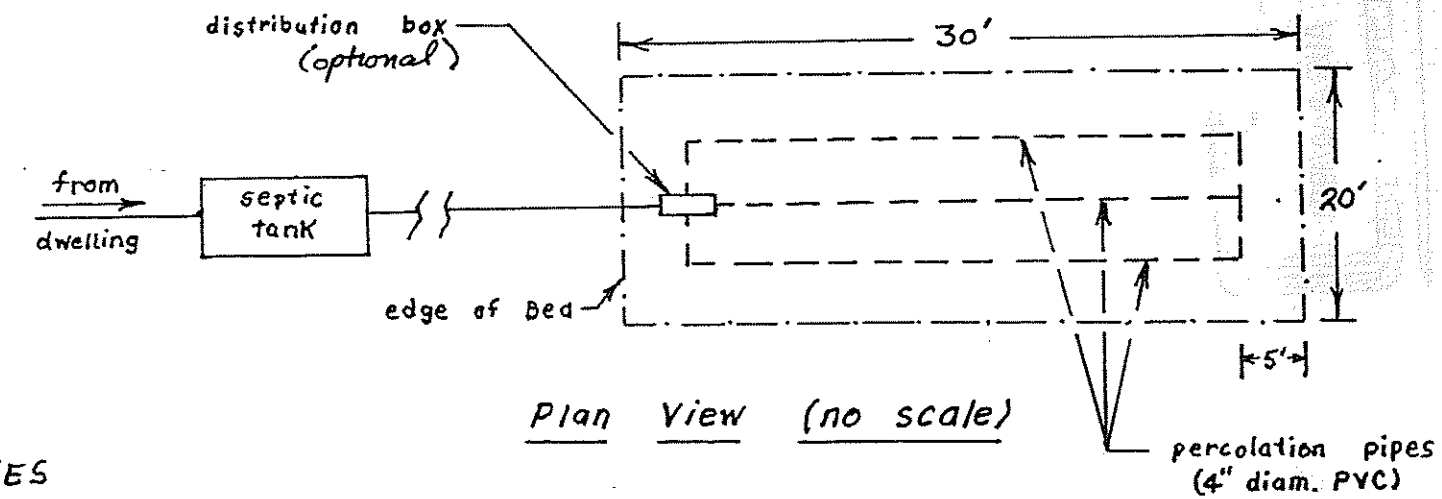
LOAM & MULCH TO COVER.

BED REQUIRES CLEAN STONE UNIFORM IN SIZE.



remove organic layer and scarify the soil surface before installing fill.

Bed Cross Section (no scale)



Plan View (no scale)

NOTES

1.) 0 inches of fill is required at uphill side of bed.
2.) Texture of fill shall be sandy loam or coarser.
3.) Refer to the MAINE STATE PLUMBING CODE, PART II for further details regarding installation procedures.

FOR: BETTY BRADSTREET

DATE: 7/25/91

BY: JOHN W. LORD JR. # 168