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 #	Route 27 Civic Center Rd

PROPERTY OWNERS NAME

Last: Stoddard First: Ron

Applicant Name:	R.F.D. #4 Box 526
Mailing Address of Owner/Applicant (If Different)	Augusta, Me. 04330

0029 AUGUSTA *** 11020 ***

Date Permit Issued: 6 6 83

Robert St Pierre
Local Plumbing Inspector Signature

$ 40.00 FEE

L.P.I. # 6617

☐ If Double Charged

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.

Robert B St Pierre
Local Plumbing Inspector Signature

6/17/83
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: N/A

1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

DISPOSAL SYSTEM TO SERVE:

1. ☑ SINGLE FAMILY DWELLING
   or
2. ☑ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

SIZE OF PROPERTY: 24,000± sq. ft.

ZONING: N/A

TYPE OF WATER SUPPLY: drilled well

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.)

3 bedroom

DESIGN FLOW: 270 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
5	B

DEPTH TO LIMITING FACTOR: 40

SIZE RATINGS USED FOR DESIGN PURPOSES

1. ☐ SMALL
2. ☑ MEDIUM
3. ☐ MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. ☑ BED 700 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

(☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

On 5/18/83 (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.

Stephen E. Goodwin
Site Evaluator or Professional Engineer's Signature

65
SE# / PE#

5/28/83
Date

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

~~State~~ City

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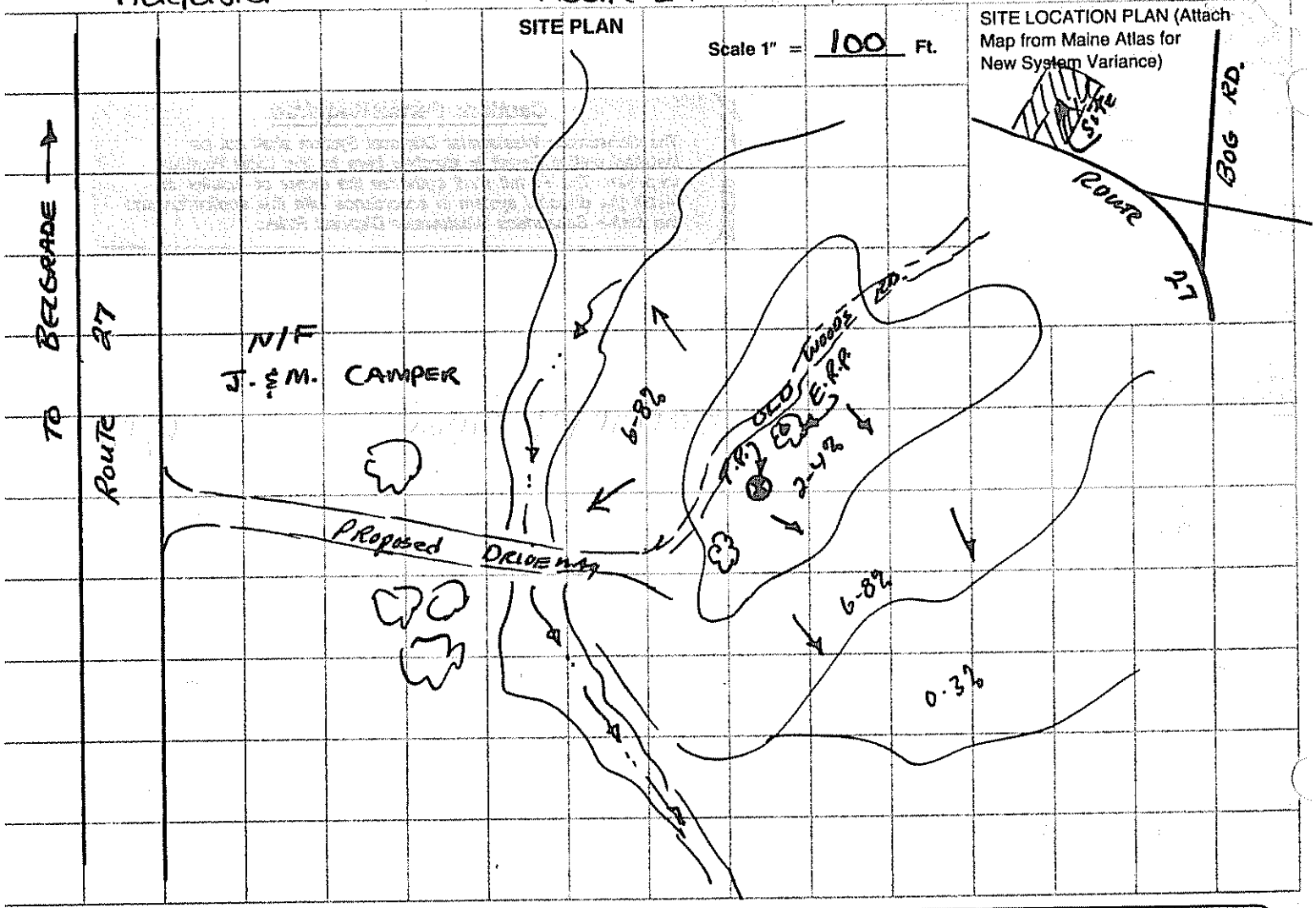
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Route 27	Ron Stoddard

SITE PLAN

Scale 1" = 100 Ft.



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

Observation Hole _____ ☑ Test Pit ☐ Boring

1" " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–50	48"	Brown loamy sand to yellowish Brown gravelly sandy soil to loamy fine sand.		

Soil (Profile)	Classification (Condition)	Slope	Limiting Factor	
5	B	2-4 %	40	☑ 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
0–50				

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

[signature] Site Evaluator or Professional Engineer's Signature

65 SE# / PE#

5/[illegible] Date

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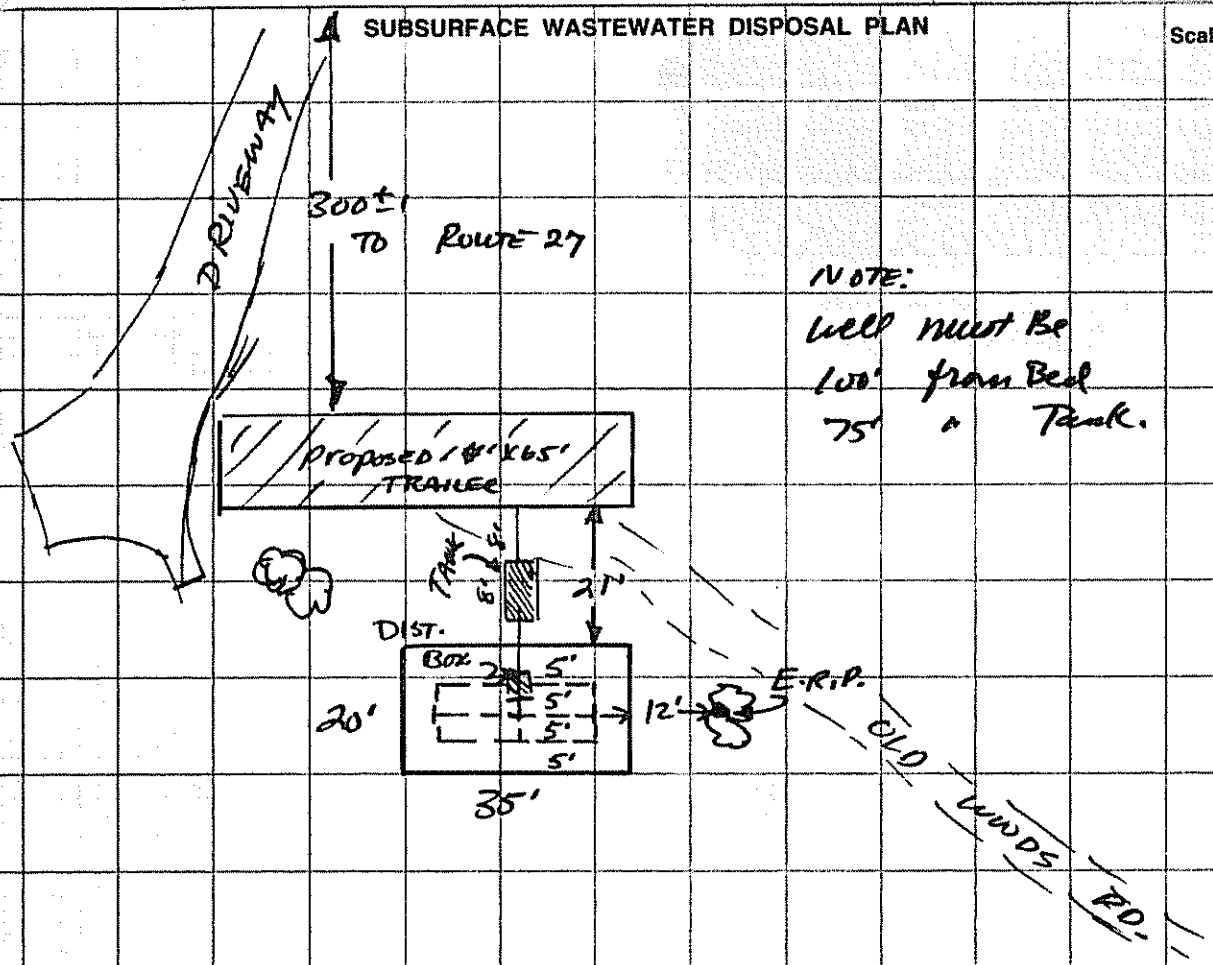
SUBSURFACE WASTEWATER DISPOSAL PLAN

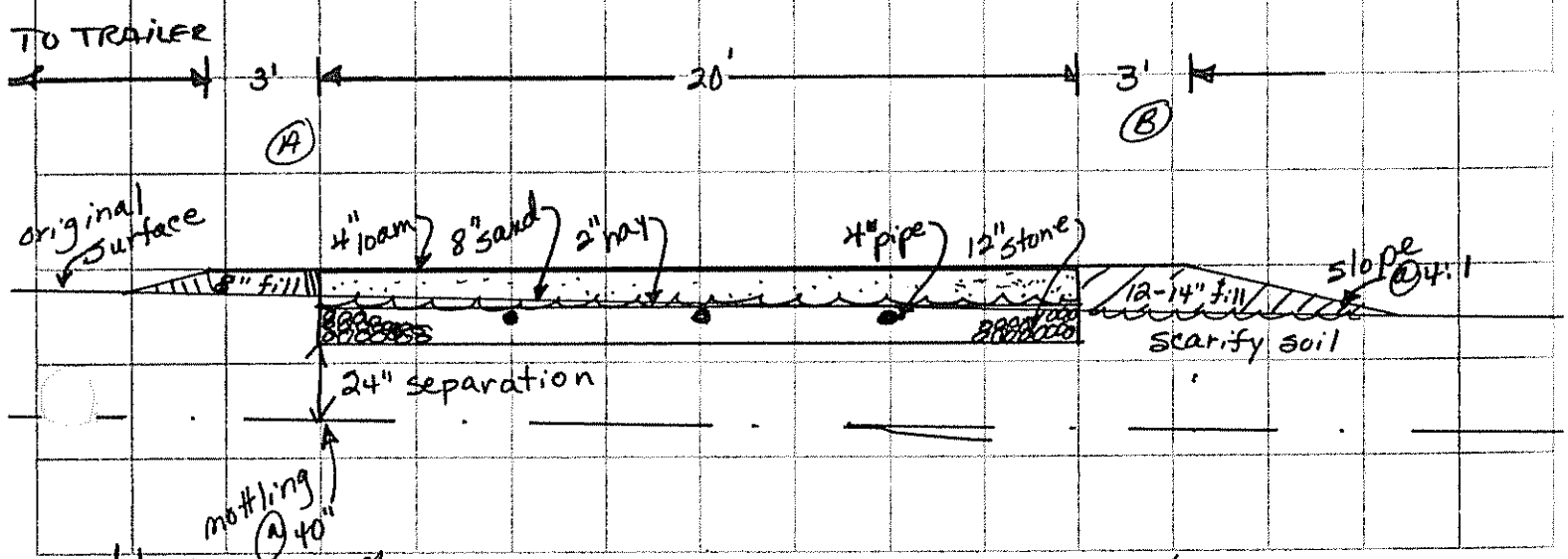
Scale 1" = 30 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	8"	Reference Elevation is Crotch in twin pine	Crotch in twin Pinetree
Depth of Fill (Downslope)	12-14"	Top ~~Bottom~~ of Disposal Area 36" below crotch	
		Top of Distribution Lines or Chambers	

DISPOSAL AREA CROSS SECTION

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



Stephen E. Gordini
Site Evaluator or Professional Engineer's Signature

65
SE # / PE #

5/20/83
Date