Augusta Supply

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

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

HHE-200

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

This Application is For: [X] New System [ ] Replacement Of Entire System [ ] Expanded System [ ] Replacement Of Disposal Area Only [ ] Conversion Permit

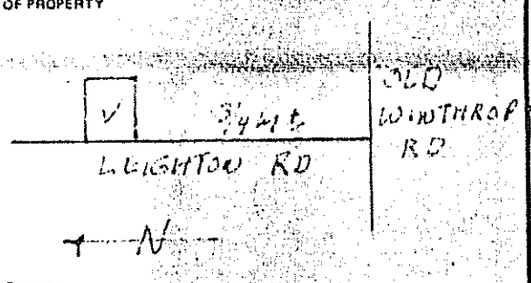
Variance: [X] None Required [ ] New System Variance [ ] Replacement System Variance With [ ] LPI Approval [ ] Dept. Review

PROPERTY LOCATION
Town, Plantation: AUGUSTA
Street, Road: LEIGHTON ROAD
Subdivision Name:
Lot No.:

PROPERTY OWNER or APPLICANT: AUGUSTA SUPPLY CO.
Mailing Address: WESTERN Street AVENUE Tel. No.
AUGUSTA, MAINE 04330
Town State Zip Code

TYPE OF STRUCTURE, DESIGN FLOW
[ ] Single Family Dwelling Number of Bedrooms ____ Design Flow ____ GPD
Design Flow Based on [ ] Minimum [ ] Moderate [ ] Conservative
[ ] Reduction in Design Flow due to Water Conservation
If so, specify type (s) ____
[X] Other Establishment: Specify WHOLESALE OUTLET (Type of Facility)
25 EMPLOYEES (Number of Employees, Seating Capacity, Building Size, etc.)
Design Flow ____ GPD
If greater than 2000 GPD, Specify Professional Engineer

LOCATION PLAN OF PROPERTY



Roads, Landmarks, Distances

PROPERTY INFORMATION
Area of Property 4 +. [ ] Sq. Ft. [X] Acres [ ] Zoned [X] Not Zoned
If zoned, type of zoning ____
Property on Water Body, If so, Name of Water Body ____
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 DESCRIPTION OF EACH SOIL STRATA ENCOUNTERED

	Observation Hole No. 1	Observation Hole No. 2	Observation Hole No.
	[ ] Test Pit [X] Boring	[ ] Test Pit [X] Boring	[ ] Test Pit [ ] Boring
Organic Strata or (Existing Fill)	Thickness 4+ "	Thickness 4+ "	Thickness ____
1st Original Mineral Soil Strata	B.L. Depth from 0 " to 8 " Thickness ____	B. F.S.L. Depth from 0 " to 10 " Thickness ____	Depth from 0 " to ____ " Thickness ____
2nd	Y.B. F.S.L. Depth from 8 " to 16 " Thickness ____	Y.B. F.S.L. Depth from 10 " to 18 " Thickness ____	Depth from ____ " to ____ " Thickness ____
3rd	G.B. F.S., Si., + CL Depth from 16 " to 48 " Thickness ____	G.B. F.S., Si., + CL Depth from 18 " to 48 " Thickness ____	Depth from ____ " to ____ " Thickness ____
4th	Depth from ____ " to ____ " Thickness ____	Depth from ____ " to ____ " Thickness ____	Depth from ____ " to ____ " Thickness ____
Total Depth of Observation Hole	48 "	48 "	Total Depth of Observation Hole ____

Depth from top of ORIGINAL MINERAL SOIL

	Observation Hole No. 1	Observation Hole No. 2	Observation Hole No.
Maximum Seasonal High Ground	[ ] None evident Water Table Depth 16 "	[ ] None Evident Water Table Depth 18 "	[ ] None evident Water Table Depth ____ "
Depth to Restrictive Layer	[ ] None evident CLAY LINES 24 "	[ ] None evident 25 "	[ ] None evident ____
Depth to Bedrock	[X] None evident ____ "	[X] None evident ____ "	[ ] None evident ____

PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE
S	C	2%	S	C	2%			%

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

TYPE OF SYSTEM
[X] Combined System
[ ] Separated System
If separated system, type of black waste disposal system to be used:
[ ] Compost
[ ] Pit Privy
[ ] Sealed Vault Privy
[ ] Other:
Specify ____
[ ] Separated Laundry System
[ ] Primitive System
[ ] Holding Tank

TREATMENT TANK
[X] Septic Tank
[ ] Aerobic Tank
Size ____ 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 ____ %
[X] Bed Disposal Area
Total bed area 800 sq. ft.
Number of beds ____
Width 20 ft. Length 40 ft.
[ ] Chamber Disposal Area
Total chamber area ____ sq. ft.
Number of clusters ____
Width ____ ft. Length ____ ft.
[ ] H-20 required

SYSTEM SIZE RATING
[ ] Small [ ] Medium [ ] Medium Large [X] Large [ ] Extra Large

DISPOSAL AREA ELEVATION
Depth of Upslope Fill required 20 inches
Depth of Downslope Fill required 13+ inches
Reference Elevation Point established at TO BE ____ Elevation
Disposal Area Bottom to be established at SET ____ Elevation
Top of Distribution Lines or Top of Chambers AT GRADE ____ Elevation

[X] 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.

[X] 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.

FOR USE BY SITE EVALUATOR VALID COPY ONLY WITH EMBOSSED SEAL
On 10-13-81 (date), a site investigation for this project was completed. I conducted this soil evaluation and certify that 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: Linda Lebel
Site Evaluator License Number: 451
Date signed 10/2/81

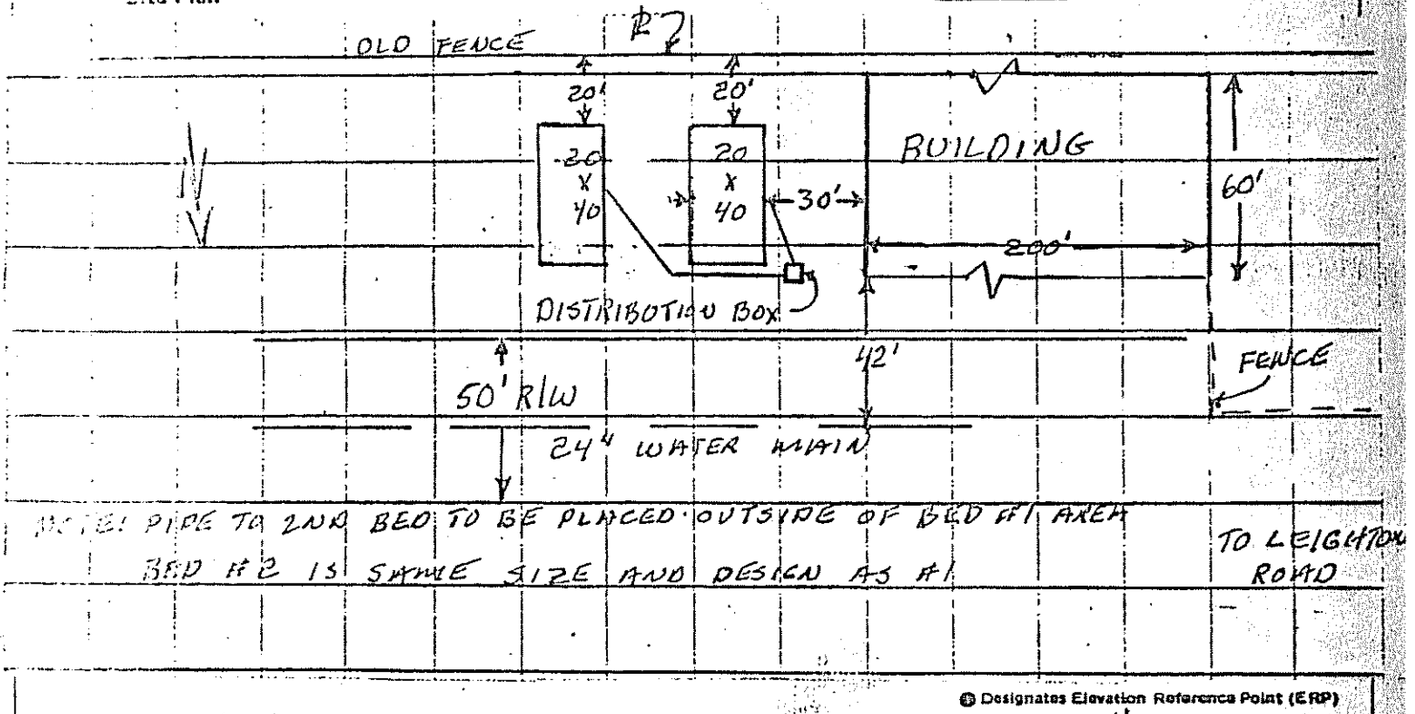
FOR USE BY OWNER/APPLICANT
I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the 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: Richard Condon
Date Signed 11-13-81

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: Richard P. Baker
Date 11-13-81
PERMIT NO. 4 8 5 0 6
Date Issued 11-13-81

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT.

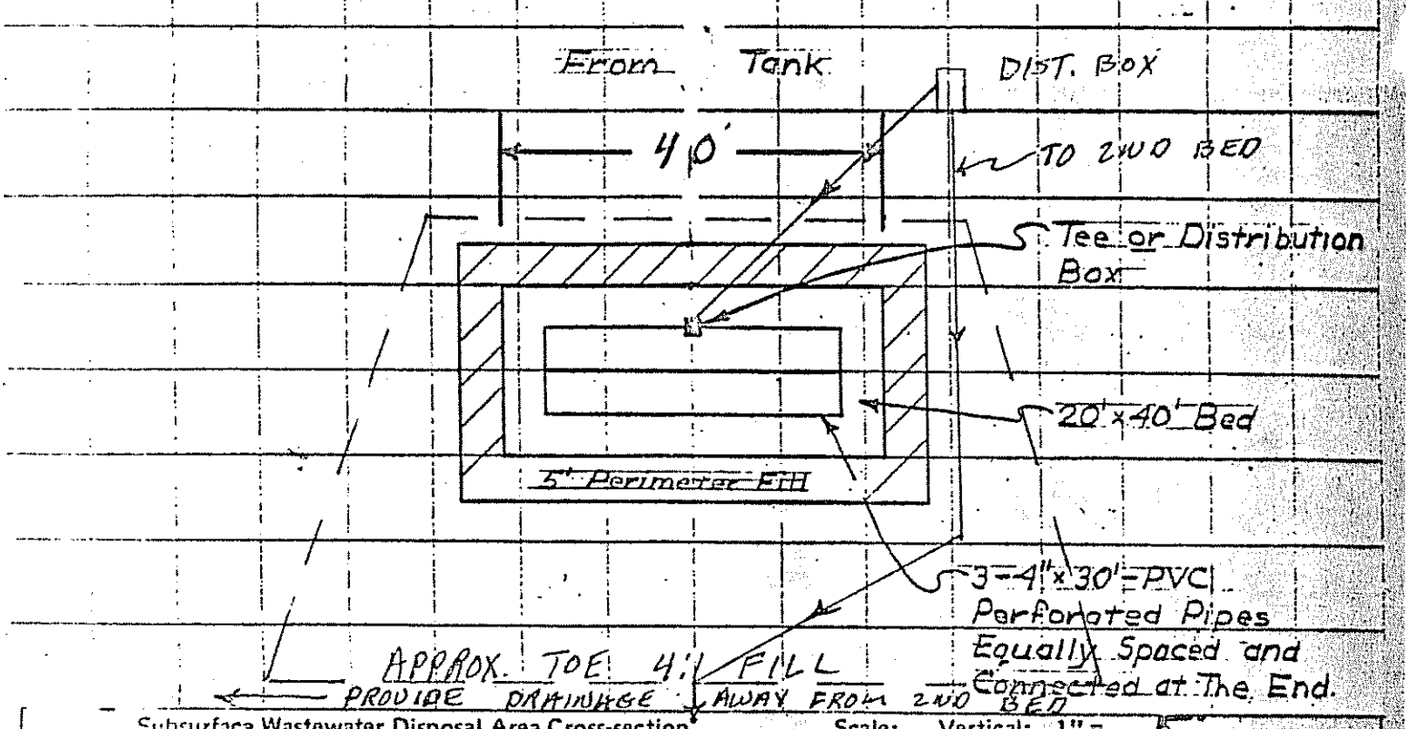
PROPERTY LOCATION			
Town, Plantation	Street, Road	Subdivision Name	Lot No.
PROPERTY OWNER or APPLICANT	DISPOSAL AREA ELEVATION Depth of Upslope Fill required 20 inches. Depth of Downslope Fill required 43 ± inches.	Reference Elevation Point established at TO BE Elevation. Disposal Area Bottom to be established at SET Elevation. Top of Distribution Lines or Top of Chambers _____ Elevation.	

Site Plan — Scale 1" = 50 ft.

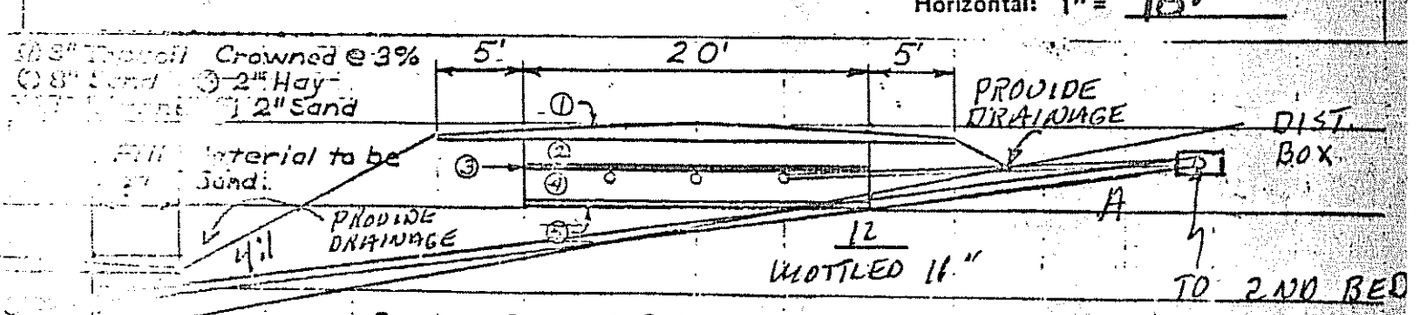


● Designates Elevation Reference Point (ERP)
○ Designates Observation Hole (TP or B)

Subsurface Wastewater Disposal Plan — Scale 1" = 20' or AS SHOWN



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



Remove Stumps, Boulders and or Sods and Scarify Surface Before Fill is Placed.

Signature	Date	License Number
[signature]	10/2/81	51