

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

M83 C12 ✓

**PROPERTY ADDRESS**

Town Or Plantation: Augusta

Street: R/W off Buena Vista Dr.

Section: Revision Lot #

**PROPERTY OWNER'S NAME**

Last: Blouin First: Paul

Applicant Name: Paul Blouin

Mailing Address of Owner/Applicant (If Different): 552 Riverside Drive Augusta ME 04330

**PERMIT INFORMATION**

AUGUSTA PERMIT # 1,178 TOWN COPY

Date Permit Issued: 10 15 87 \$ 410 FEE  Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 1008

**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: \_\_\_\_\_

**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: [Signature] Date Approved: 4-15-88

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requires Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p><b>INSTALLATION IS:</b></p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL.</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>SEASONAL CONVERSION</b> to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p><input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>
<p>SIZE OF PROPERTY: <u>1.75 acre</u></p> <p>ZONING: <u>Residential</u></p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p><u>Drilled well</u></p>	

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

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY _____</p>	<p><b>PUMPING</b></p> <p>1. NOT REQUIRED</p> <p>2. <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION &amp; ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED DOSE: <u>70</u> GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING) EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p><u>3 bedrooms</u></p> <p><b>RECORDED</b></p> <p>OCT 2 1987</p> <p>DESIGN FLOW: <u>294</u> (GALLONS/DAY)</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <u>2</u> CONDITION: <u>A/C</u></p> <p>DEPTH TO LIMITING FACTOR: <u>18/16"</u></p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA-LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>500</u> Sq. Ft.</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	

**EVALUATOR STATEMENT**

On 9/29/87 (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: [Signature] SE# 51 Date: 9/30/87

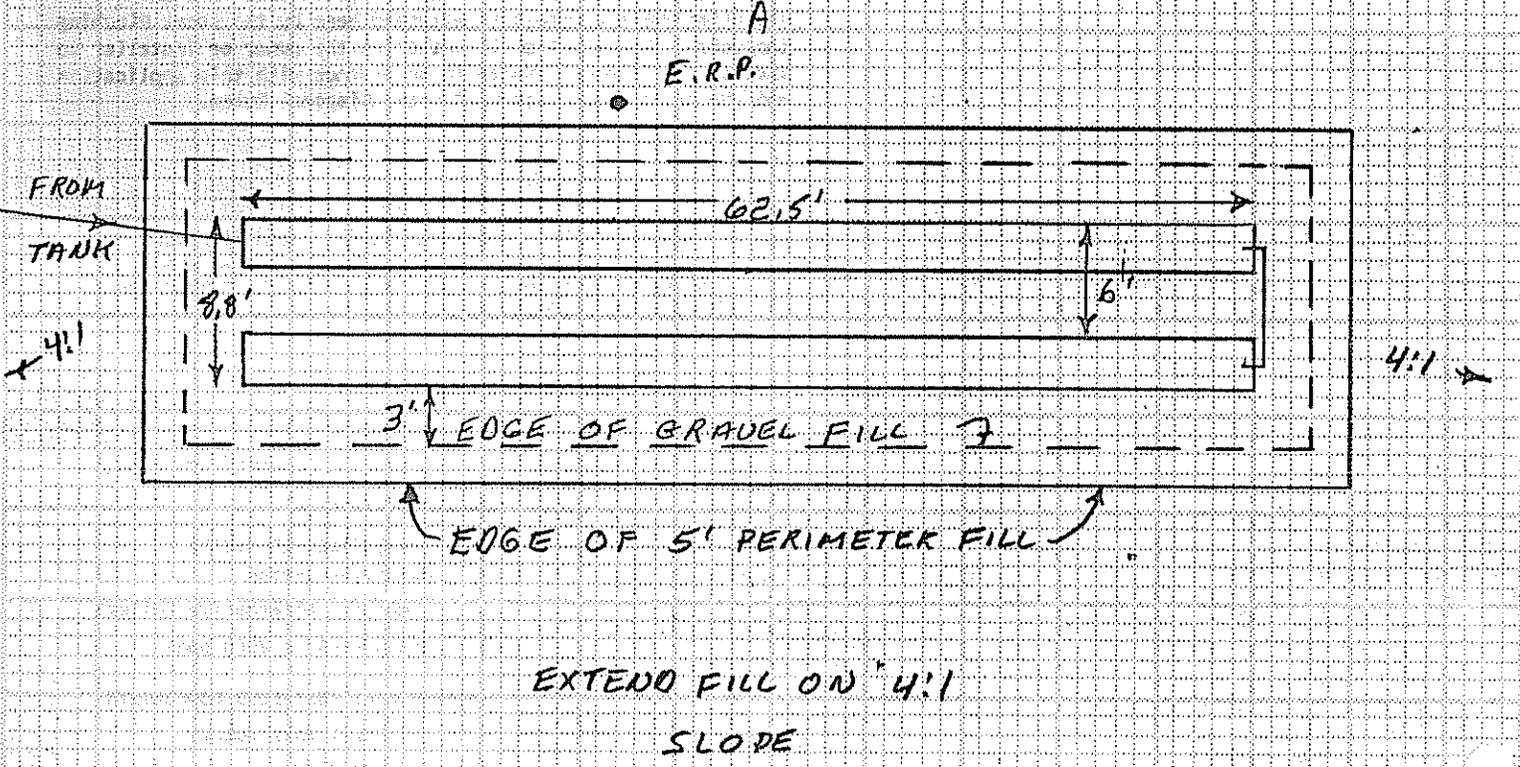
Approved for use as HHE 200 by Division of Health Engineering 9/87

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

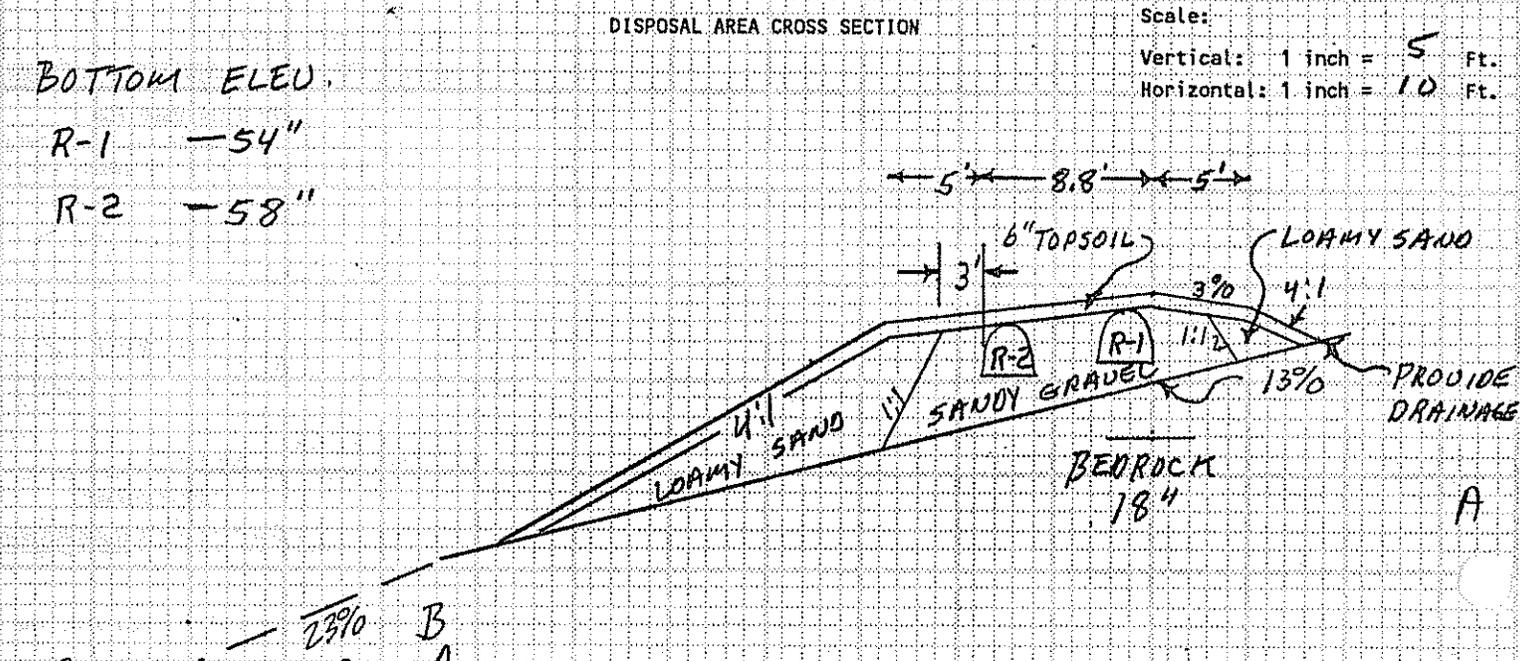
Town, City, Plantation: Augusta  
 Street, Road, Subdivision: R/W off Buena Vista Dr.  
 Owner's Name: Blouin, Paul

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 10'



FILL REQUIREMENTS	CONSTRUCTION ELEVATION	ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	27" Reference Elevation is	R-1 0
Depth of Fill (Downslope)	40" Bottom of Disposal Area	R-1 -54" NAIL IN 15' OAK
	Top of Distribution Lines or Chambers	ONLY -39"



Site Evaluator Signature: *Oliver W. ...*

SE# 51

Date 9/30/87

Approved for use as HHE 200 by Division of Health Engineering 9/87

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

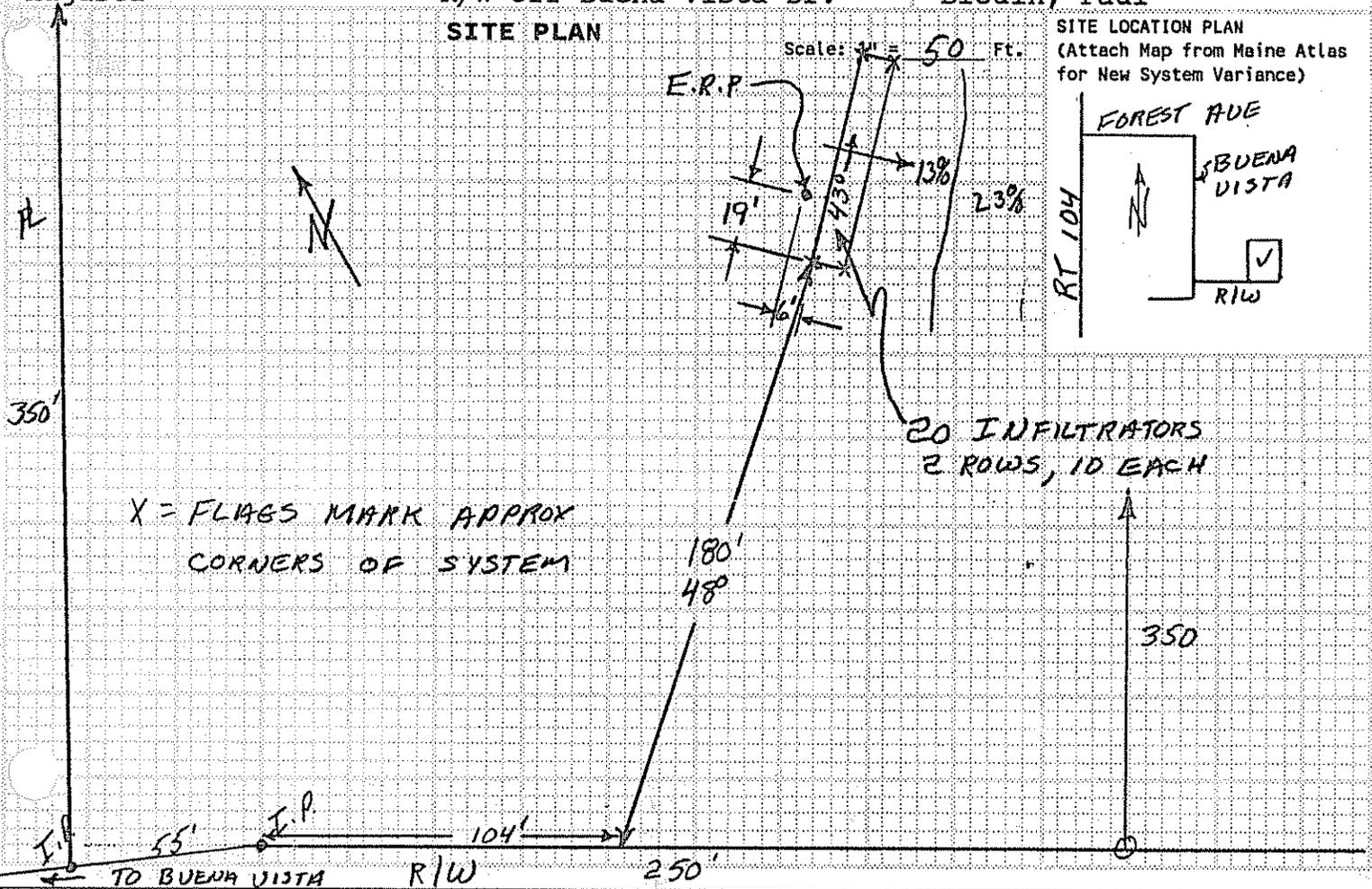
R/W off Buena Vista Dr.

Blouin, Paul

## SITE PLAN

Scale: 1" = 50 Ft.

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



X = FLAGS MARK APPROX CORNERS OF SYSTEM

20 INFILTRATORS  
2 ROWS, 10 EACH

## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1  Test Pit  Boring  
2 " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0				
6	S.L.	FRIABLE	B	
10				
15				
20				16
30	BEDROCK VARIES 18-24"			
40				
50				

Soil Classification 2 Slope 13% Limiting Factor 16/19-27  Ground Water  Restr. Layer  Bedrock  
 Profile Condition A/C

Observation Hole \_\_\_\_\_  Test Pit  Boring  
 \_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Classification \_\_\_\_\_ Slope \_\_\_\_\_ Limiting Factor \_\_\_\_\_  Ground Water  Restr. Layer  Bedrock  
 Profile Condition \_\_\_\_\_ %

*Alfred W. Redburn*  
Site Evaluator Signature

51  
SE#

9/30/87  
Date

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Health Engineering 9/87