Poulin, Roland

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: (●) New System ( ) Replacement Of Entire System ( ) Expanded System (●) Replacement Of Disposal Area Only ( ) Conversion Permit

Variance: (●) None Required ( ) New System Variance (X) Replacement System Variance With: (●) LPI Approval ( ) Dept. Review

PROPERTY LOCATION: Town, Plantation: AUGUSTA — Street, Road: FOREST AVE — Subdivision Name: — Lot No.:

PROPERTY OWNER or APPLICANT: ROLAND POULIN

Mailing Address: 15 FOREST AVE — Tel. No.: 622-6877

Town: AUGUSTA — State: MAINE — Zip Code: 04330

TYPE OF STRUCTURE, DESIGN FLOW

(●) Single Family Dwelling — Number of Bedrooms 3 — Design Flow 240 GPD

MAX QUARTER READING PLUS 25%

Design Flow based on ( ) Minimum (●) Moderate ( ) Conservative

( ) Reduction in Design Flow due to Water Conservation

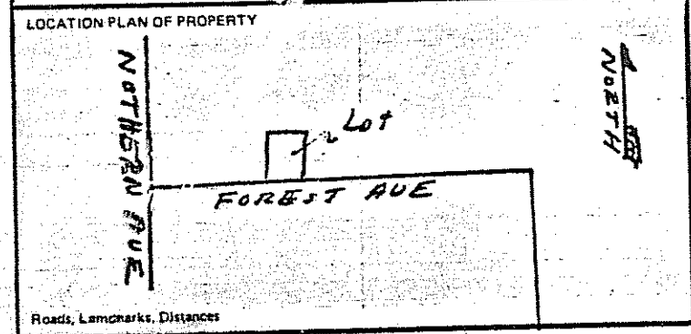
If so, specify type (s) _____

( ) Other Establishment — Specify _____ Type of Facility

(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 30,000± (●) Sq. Ft. ( ) Acres ( ) Zoned ( ) 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 EACH SOIL STRATA ENCOUNTERED

	Observation Hole No. (●) Test Pit ( ) Boring	Observation Hole No. ( ) Test Pit ( ) Boring	Observation Hole No. ( ) Test Pit ( ) Boring
	Organic Strata or (Existing Fill) Thickness 0"	Organic Strata or (Existing Fill) Thickness ___"	Organic Strata or (Existing Fill) Thickness ___"
	1st Original Mineral Soil Strata Depth from 0" to 18" Thickness 18" — DARK BROWN F.S.L. SOIL	1st Original Mineral Soil Strata Depth from 0" to ___" Thickness ___"	1st Original Mineral Soil Strata Depth from 0" to ___" Thickness ___"
	2nd Depth from 18" to 24" Thickness 6" — OLIVE F.S.L. SOIL	2nd Depth from ___" to ___" Thickness ___"	2nd Depth from ___" to ___" Thickness ___"
	3rd Depth from 24" to 40" Thickness 16" — OLIVE SILT MAL	3rd Depth from ___" to ___" Thickness ___"	3rd Depth from ___" to ___" Thickness ___"
	4th Depth from ___" to ___" Thickness ___"	4th Depth from ___" to ___" Thickness ___"	4th Depth from ___" to ___" Thickness ___"
	Total Depth of Observation Hole 40"	Total Depth of Observation Hole ___"	Total Depth of Observation Hole ___"
Depth from top of ORIGINAL MINERAL SOIL	Maximum Seasonal High Ground ( ) None evident Water Table Depth 16"	Maximum Seasonal High Ground ( ) None Evident Water Table Depth ___"	Maximum Seasonal High Ground ( ) None evident Water Table Depth ___"
	Depth to Restrictive Layer ( ) None evident 26"	Depth to Restrictive Layer ( ) None evident ___"	Depth to Restrictive Layer ( ) None evident ___"
	Depth to Bedrock (●) None evident ___"	Depth to Bedrock ( ) None evident ___"	Depth to Bedrock ( ) None evident ___"

PROFILE	CONDITION	SLOPE
3	C	10%

PROFILE	CONDITION	SLOPE
		%

PROFILE	CONDITION	SLOPE
		%

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

TYPE OF SYSTEM

(●) Combined System
( ) Separated System
If separated system, type of black waste disposal system to be used:
( ) Cesspool
( ) Privy
( ) Septic Vault Privy
( ) Other:
Specify: _____
(●) Separated Laundry System
( ) Primitive Dispersal
( ) Holding Tank

TREATMENT TANK

( ) Septic Tank
( ) Aerobic Tank
Size 1250 Gals.
EXISTING

DOSAGE

(●) Pumping is not required
( ) Pumping is required
This 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 _____ %

( ) Bed Disposal Area
Total bed area 800 sq. ft.
Number of beds 1
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 ( ) Large ( ) Extra Large

DISPOSAL AREA ELEVATION

Depth of Upslope Fill required 20 inches.
Depth of Downslope Fill required 44 inches.
Reference Elevation Point established at 100.0 Elevation.
Disposal Area Bottom to be established at 98.0 Elevation.
Top of Distribution Lines or Top of Chambers 98.75 Elevation.

(●) 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.

(●) 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

On 10-11-80 (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: Gerald Poulin — Date signed 10-14-80 — Site Evaluator License Number 79

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: X Muriel Dullea — Date Signed 10-18-80

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 G. Baker — Date 10-17-80

PERMIT NO. 35249 E — Date Issued 10/17/80

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

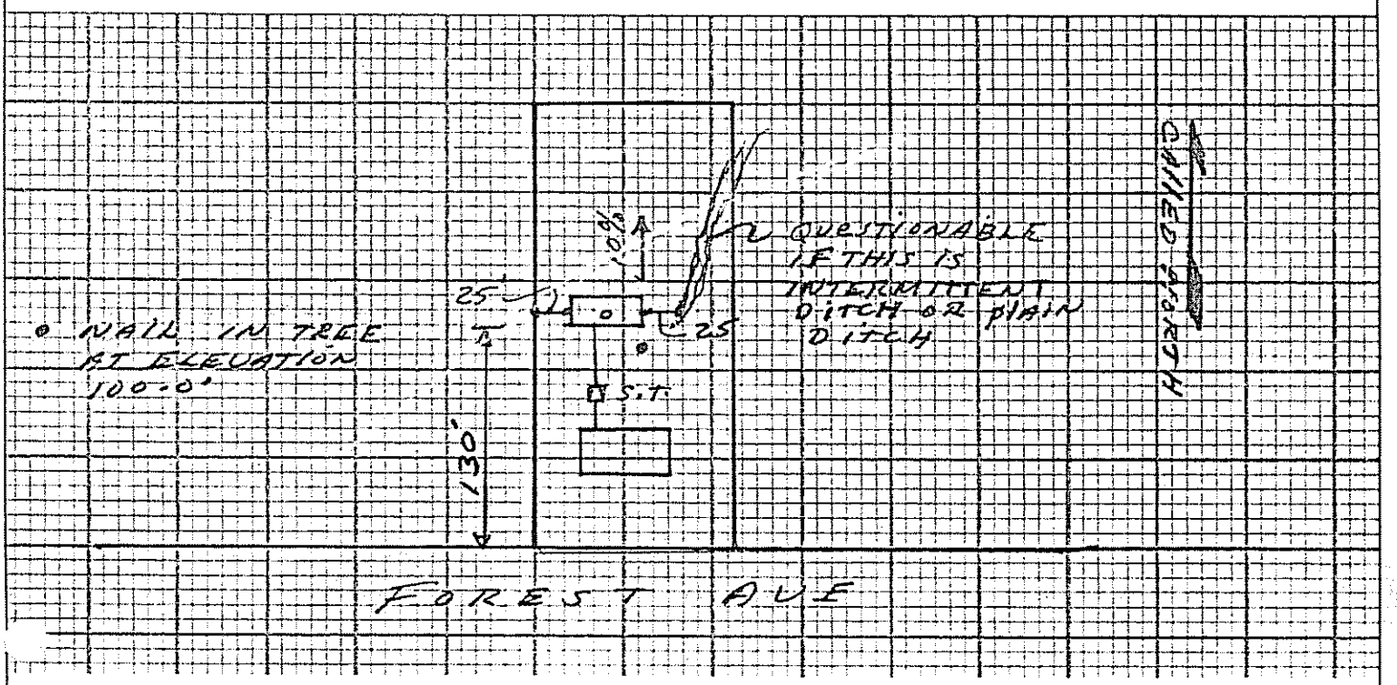
PROPERTY LOCATION			
AUGUSTA (Town, Plantation)	FOREST AVE (Street, Road)	(Subdivision Name)	(Lot No.)

PROPERTY OWNER or APPLICANT: Roland Poulin

DISPOSAL AREA ELEVATION
- Depth of Upslope Fill required 20 inches.
- Depth of Downslope Fill required 44 inches.
- Reference Elevation Point established at 100.0' Elevation.
- Disposal Area Bottom to be established at 98.0' Elevation.
- Top of Distribution Lines or Top of Chambers 98.75' Elevation.

Site Plan

Scale 1" = _____ ft.

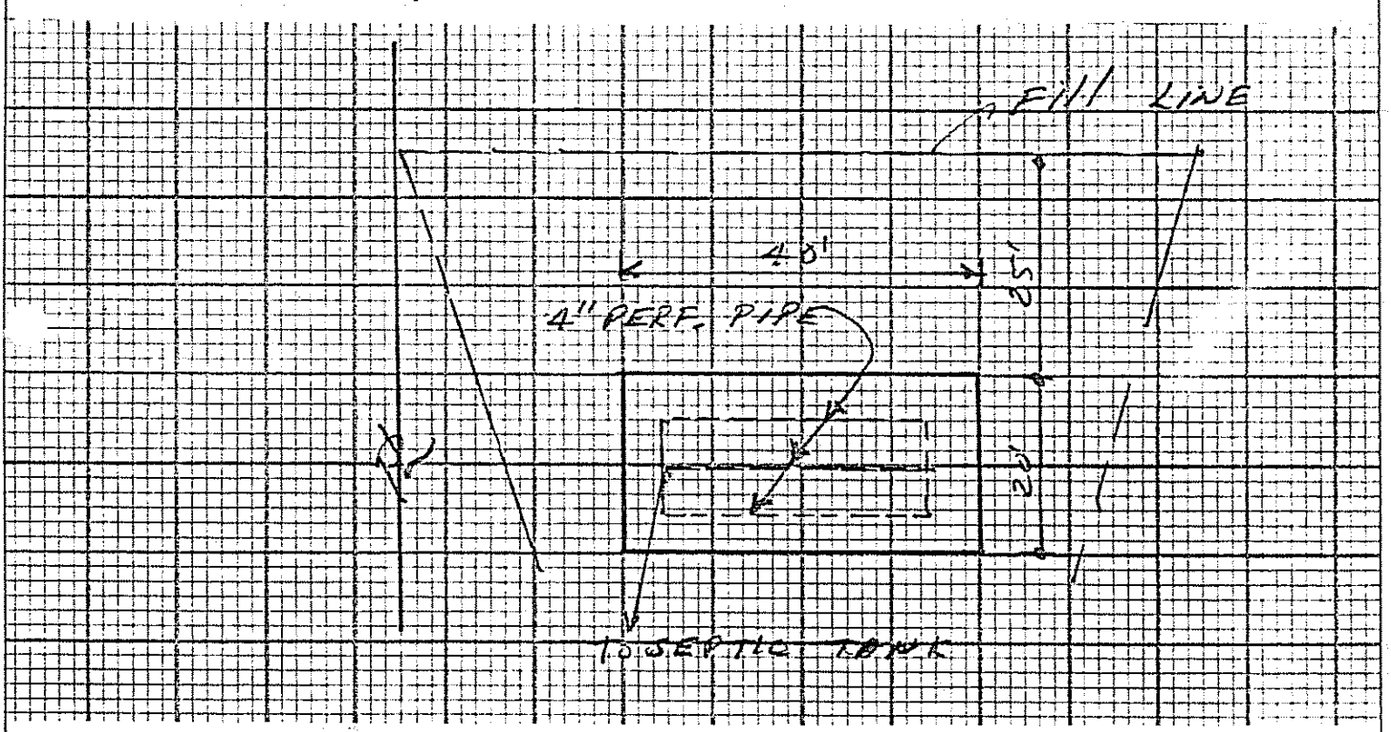


● Designates Elevation Reference Point (ERP)

○ Designates Observation Hole (TP or B)

Subsurface Wastewater Disposal Plan

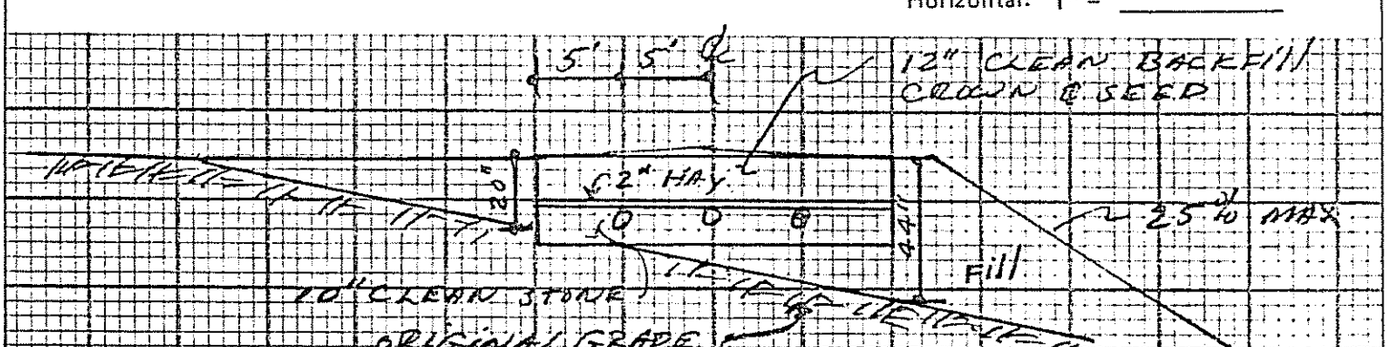
Scale 1" = 20' or _____



Subsurface Wastewater Disposal Area Cross-section

Scale: Vertical: 1" = _____

Horizontal: 1" = _____



Site Evaluators Signature	Date	License Number
Gerald C Poulin	10-14-80	79

Roland Poulin - Water Usage

Quarter	Augusta Water Dist. Readings cu. ft.
4/78	2300
1/79	2000
2/79	2300
3/79	2100
4/79	1900
1/80	2000
2/80	2300
3/80	1800

Usage includes water for laundry which has a seperate disposal system, but for conservative design reduction will not be taken.

Conservative

$$\text{Design} = \frac{2300 \text{ cu ft/qt} \cdot 7.48 \text{ gal/cu ft} \quad 125\%}{90 \text{ days/Quarter}}$$

$$= 239 \text{ gal/day}$$

System was increased by 25% for potential growth