18400 SEX

Hold problems

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Location	Augusta
Street Subdivision Lot #	Allenwood Park, Inc. Lot #3

PROPERTY OWNERS NAME

Last: ALLEN First: Robert

Applicant Name:	Allenwood Park, Box 178B
Mailing Address of Owner/Applicant (If Different)	Gardiner, ME 04345

M94L3

AUGUSTA PERMIT # 468 ✓ TOWN COPY

Date Permit Issued: 6 7 85 $ 40 FEE ☐ If Double Fee Charged

Randall D. Gray
Local Plumbing Inspector Signature

L.P.I. # 759

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 Pierce 6/11/85

Local Plumbing Inspector Signature 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. ☐ Requiring Local Plumbing Inspector Approval
4. ☐ Requires 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
2. ☒ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

SIZE OF PROPERTY	ZONING
1/2 ac.	Shoreland

TYPE OF WATER SUPPLY

Dug 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.)

2 Bedroom

DESIGN FLOW: 225 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
9	C

DEPTH TO LIMITING FACTOR: 15

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

1. ☐ BED _____ Sq. Ft.
2. ☒ CHAMBER 576 Sq. Ft.
   ☒ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

(☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

On April 23, 1985 (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.

Terry A. Adams 132 5-1-85

Site Evaluator Signature (SE#) Date

City

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

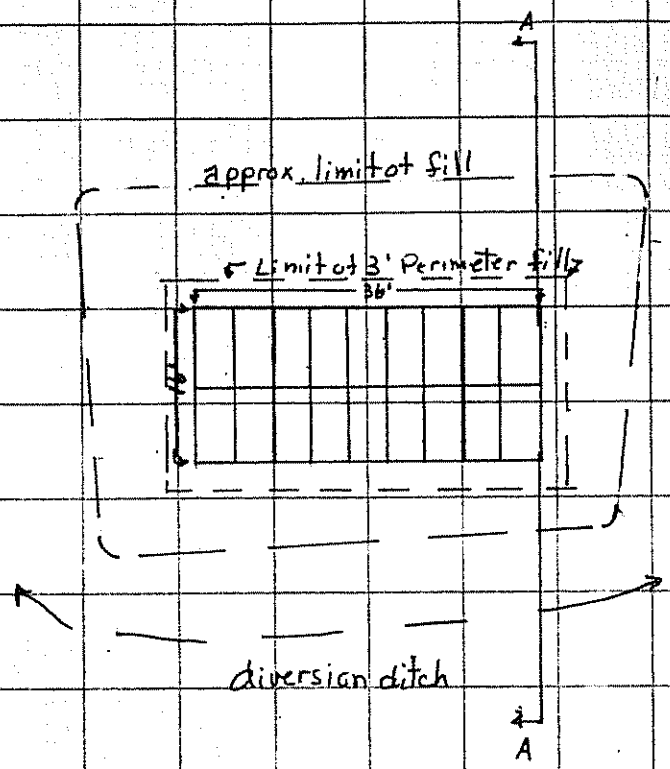
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Lot #3 Allenwood Park, Inc	Robert ALLEN

SUBSURFACE WASTEWATER DISPOSAL PLAN

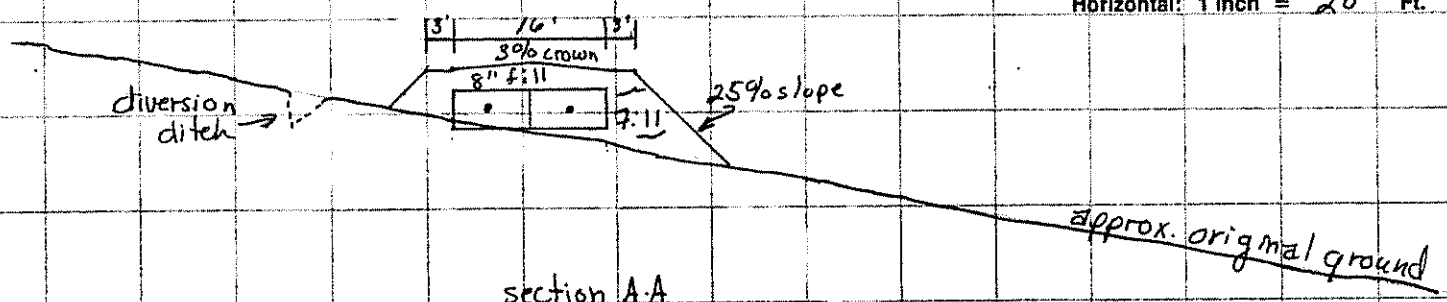
Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	17"	Reference Elevation is	0'0"	B.M. nail in hardwood
Depth of Fill (Downslope)	27"	Bottom of Disposal Area	-2'9"	see page 2
		Top of ~~Distribution Chamber~~ Chambers	-1'9"	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 20 Ft.



section A-A

Site Evaluator or Professional Engineer's Signature

132
SE # / PE #

5-1-85
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: Augusta Lot #3

Street, Road, Subdivision: Allenwood Park, Inc

Owners Name: Robert ALLEN

SITE PLAN

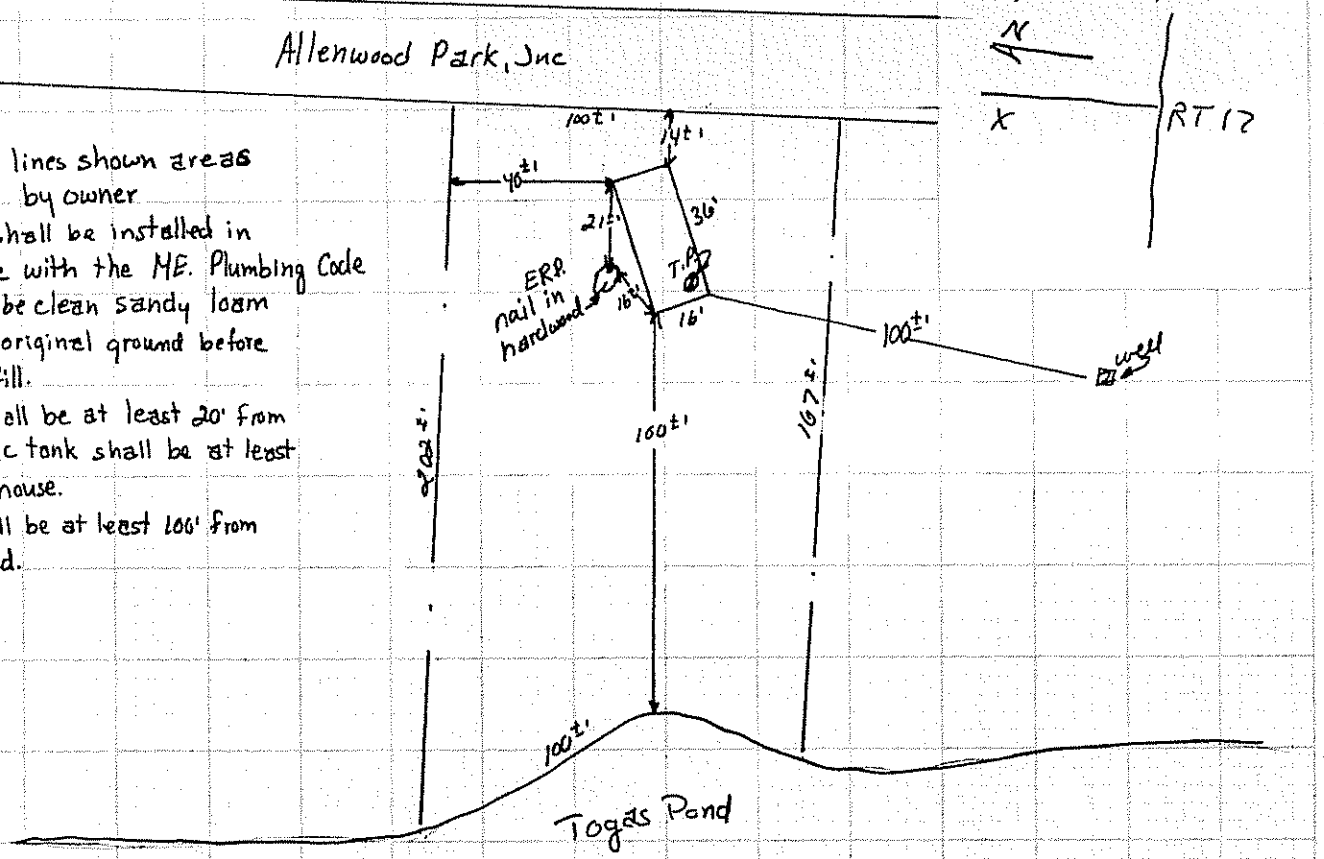
Scale 1" = 50 Ft.

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

Allenwood Park, Inc

Notes:

1. Property lines shown areas indicated by owner
2. System shall be installed in accordance with the ME. Plumbing Code
3. Fill shall be clean sandy loam
4. Scarify original ground before placing fill.
5. House shall be at least 20' from bed. Septic tank shall be at least 8' from house.
6. Well shall be at least 100' from tank + bed.



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

Observation Hole _____ [X] Test Pit [ ] Boring

_____" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	loam	friable	brown	
6–15			reddish brown	
15–20	silt loam		gray	evident
20–30		firm		
30–50		very firm		

Soil	Classification	Slope	Limiting Factor	
9 (Profile)	C (Condition)	0-2 %	15"	[ ] 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	Classification	Slope	Limiting Factor	
(Profile)	(Condition)	%		[ ] Ground Water [ ] Restrictive Layer [ ] Bedrock

Gary D. Adams
Site Evaluator Signature

132
SE#

5-1-85
Date

HHE-200 Rev.1/84