

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

**PROPERTY ADDRESS**

Town Or Plantation	Augusta
Street or Vision Lot #	Togus Stream Rd
<b>PROPERTY OWNERS NAME</b>	
Last: Gallagher	First: Donald
Applicant Name:	
Mailing Address of Owner/Applicant (if Different)	15 New England Rd Augusta ME 04220

AUGUSTA Date Permit Issued: 11/25/96	3602	TOWN COPY	\$ 30.00	<input type="checkbox"/> Double Fee Charged
Local Plumbing Inspector Signature: <i>Ray R. Fuller</i>		L.P.I. #	8,50	

**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.

*Donald Gallagher* 11-19-96  
 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.

*Ray R. Fuller*  
 Local Plumbing Inspector Signature Date Approved 12/17/96

**PERMIT INFORMATION**

<b>THIS APPLICATION IS FOR:</b> 1. <input type="checkbox"/> NEW SYSTEM 2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM	<b>THIS APPLICATION REQUIRES:</b> 1. <input type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE	<b>INSTALLATION IS:</b> <b>COMPLETE SYSTEM</b> 1. <input type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd) <b>INDIVIDUALLY INSTALLED COMPONENTS:</b> 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
<b>SEASONAL CONVERSION</b> to be completed by the LPI 5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____ 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED	<b>DISPOSAL SYSTEM TO SERVE:</b> 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____	<b>TYPE OF WATER SUPPLY</b>
<b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED 68 THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 2. <input checked="" type="checkbox"/> CHAMBER 3. <input type="checkbox"/> TRENCH 4. <input type="checkbox"/> OTHER: Tank	<b>SIZE OF PROPERTY</b> _____ <b>ZONING</b> _____	

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

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

**SITE EVALUATOR STATEMENT**

On \_\_\_\_\_ (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

SE#

Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

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## PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Address Lot #	Togus Stream Rd
<b>PROPERTY OWNERS NAME</b>	
Last: Gallagher	First: Donald
Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	15 New England Rd Augusta ME 04220

AUGUSTA PERMIT # 3602 APPLICANTS COPY

Date Permit Issued: 11/25/96 \$ 30.00 FEE  Double Fee Charged

Local Plumbing Inspector Signature: *Stan R. [Signature]* L.P.I. # 18150

**THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.**

### 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.

*Donald Gallagher* 11-19-96  
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.

*Stan R. [Signature]* 12/17/96  
Local Plumbing Inspector Signature Date Approved

## PERMIT INFORMATION

<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" 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 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"/> Requiring 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 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></p> <p>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>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED <u>68</u></p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED      3. <input type="checkbox"/> TRENCH</p> <p>2. <input checked="" type="checkbox"/> CHAMBER      4. <input type="checkbox"/> OTHER: <u>Tank</u></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 _____</p>
<p>SIZE OF PROPERTY _____</p> <p>ZONING _____</p>	<p>SPECIFY _____</p>	<p><b>TYPE OF WATER SUPPLY</b></p>

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

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<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE _____</p> <p>CONDITION _____</p> <p>DEPTH TO LIMITING FACTOR: _____</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 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 type="checkbox"/> CHAMBER _____ Sq. Ft. <input 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>	

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Site Evaluator Signature \_\_\_\_\_  
(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

SE# \_\_\_\_\_

Date \_\_\_\_\_