For Michael C. Thenault OK

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

M94L49

AUGUSTA PERMIT # 250 STATE COPY

Date Permit Issued: 6 21 84 $ 40.00 FEE ☐ If Double Fee Charged

Robert St Pierre L.P.I. # 667

Local Plumbing Inspector Signature

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Subdivision Lot #	Allenwood Park Road

PROPERTY OWNERS NAME

Last: Prescott First: Pearl

Applicant Name:	Malby Ave. Rt 5-A
Mailing Address of Owner/Applicant (If Different)	Gardiner Me 04345

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.

Carol M. Thenault

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 St Pierre 7/2/84

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. ☐ Requires only Local Plumbing Inspector Approval
   4. ☐ Requires both 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:

1. ☐ BED 3. ☐ TRENCH N/A
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 Ac.	Shoreland

TYPE OF WATER SUPPLY

Drilled 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: 240 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 18-20

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

1. ☒ BED 800 Sq. Ft.
2. ☐ CHAMBER _____ Sq Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

20' x 40'

SITE EVALUATOR STATEMENT

☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

On April 24, 1984 (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.

Stephen E. Goodwin 65 5/5/84

Site Evaluator or Professional Engineer's Signature SE# / PE# Date

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

Cdy

Town, City, Plantation: Augusta

For Michael A Thériault

Street, Road, Subdivision: Allenwood Park Rd.

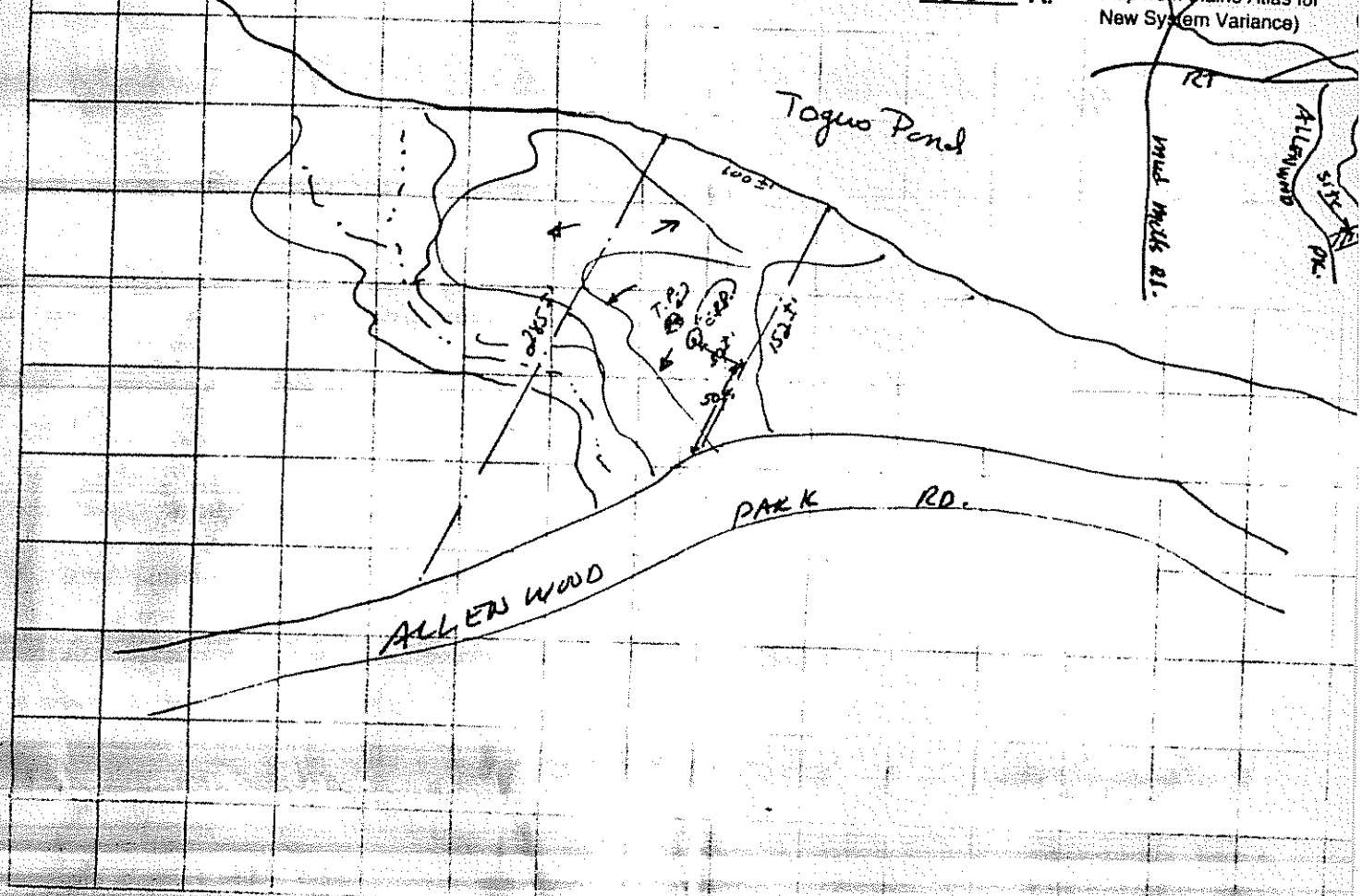
Division of Health Engineering

Owners Name: Pearl Prescott

SITE PLAN

Scale 1" = 100 Ft.

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



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

Observation Hole _____ ☒ Test Pit ☐ Boring

0 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches): 0, 6, 10, 15, 20, 30, 40, 50

Texture	Consistency	Color	Mottling
Loam		Brown	
Sandy loam	friable	Reddish to yellowish brown	
	firm	to olive gray	

Soil (Profile)	Classification (Condition)	Slope	Limiting Factor	
3	C	4 %	18-20	☒ Ground Water ☒ Restrictive Layer ☐ Bedrock

Observation Hole _____ ☐ Test Pit ☐ Borin

" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches): 0, 6, 10, 15, 20, 30, 40, 50

Texture	Consistency	Color	Mottling

Soil (Profile)	Classification (Condition)	Slope	Limiting Factor	
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Stephen E. Goodwin
Site Evaluator or Professional Engineer's Signature

65
SE # PE #

5/5/84
Date

HHE - 200 Rev 4/83

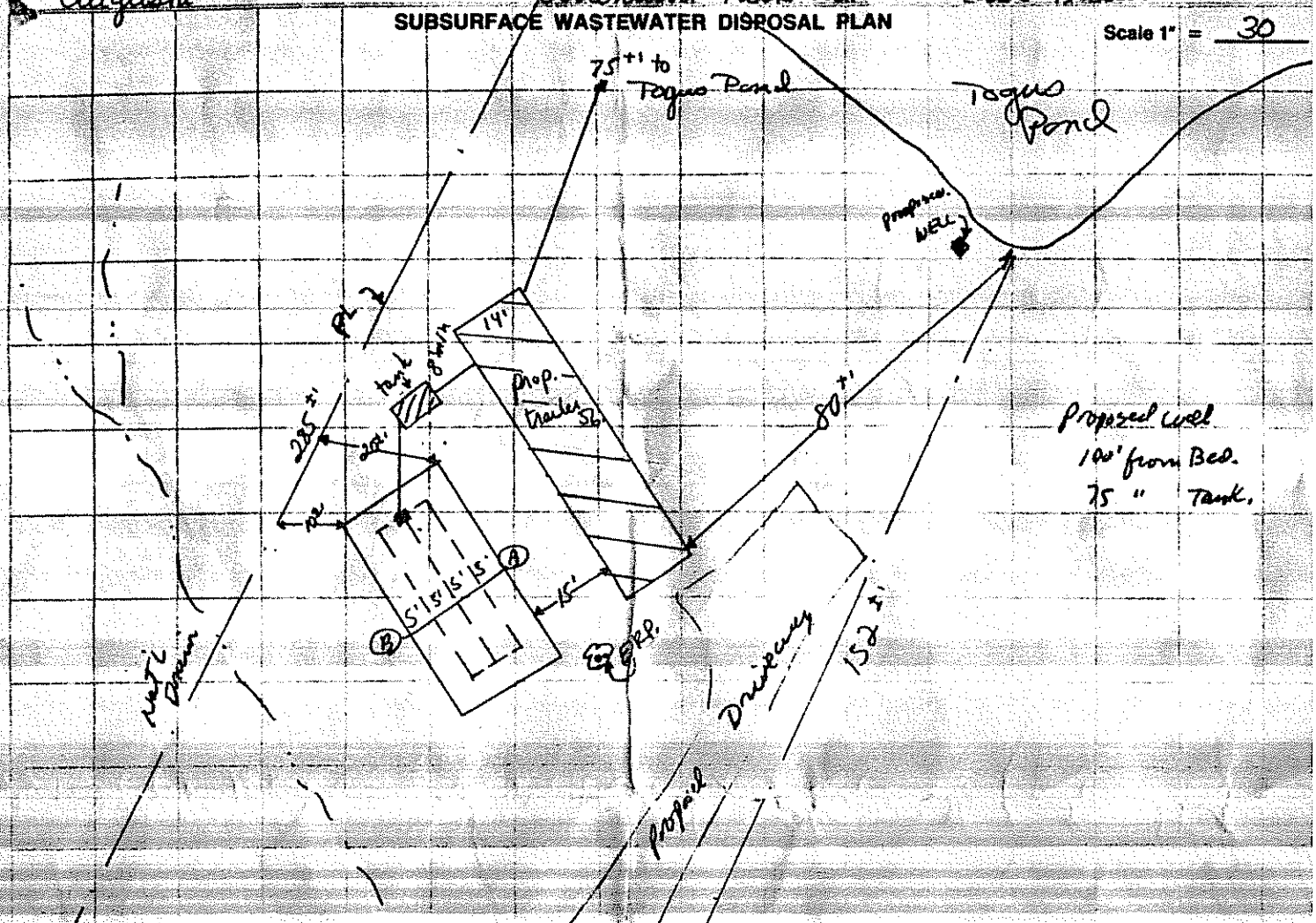
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Allenwood Park Rd.	Pearl Prescott

SUBSURFACE WASTEWATER DISPOSAL PLAN

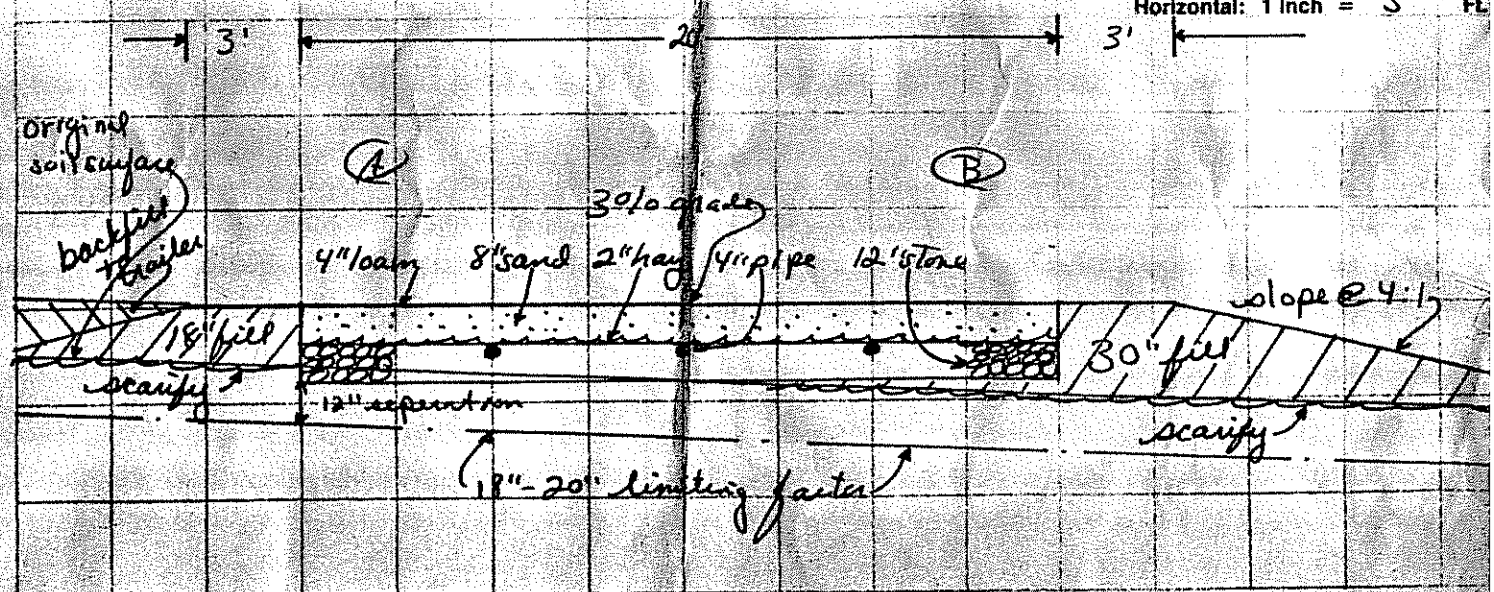
Scale 1" = 30



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	18"	Reference Elevation is	level with nail	Final grade of bed is level
Depth of Fill (Downslope)	30"	Bottom of Disposal Area	24" below	with nail in 18" oak tree
		Top of Distribution Lines or Chambers	12" below	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 5 Ft.
Horizontal: 1 Inch = 5 Ft.



Stephen E. Goodwin
Site Evaluator or Professional Engineer's Signature

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SE # / PE #

5/12/84
Date