4-3200 no loan or seed

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Subdivision Lot #	CROSS HILL Road

PROPERTY OWNERS NAME

Last: Ximiness First: William

Applicant Name:	Same
Mailing Address of Owner/Applicant (If Different)	R.F.D. #6 North Belfast Ave.

M4 L7

0170 AUGUSTA *** 11020 ***

Date Permit Issued: 3 5 84 , $ 6 FEE ☐ If Double Charged

Robert B St Pierre
Local Plumbing Inspector Signature

L.P.I. # 667

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.

William R. Ximiness 6/24/83
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 6/24/84
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: 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
36,400 sq.	Shore Land Zoning

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.)

DESIGN FLOW: 180 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR 23

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 320 Sq. Ft.
   ☒ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

(☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

On June 24, 1983 (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.

David P. Rorque #154 6/25/83
Site Evaluator or Professional Engineer's Signature SE# / PE# Date

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

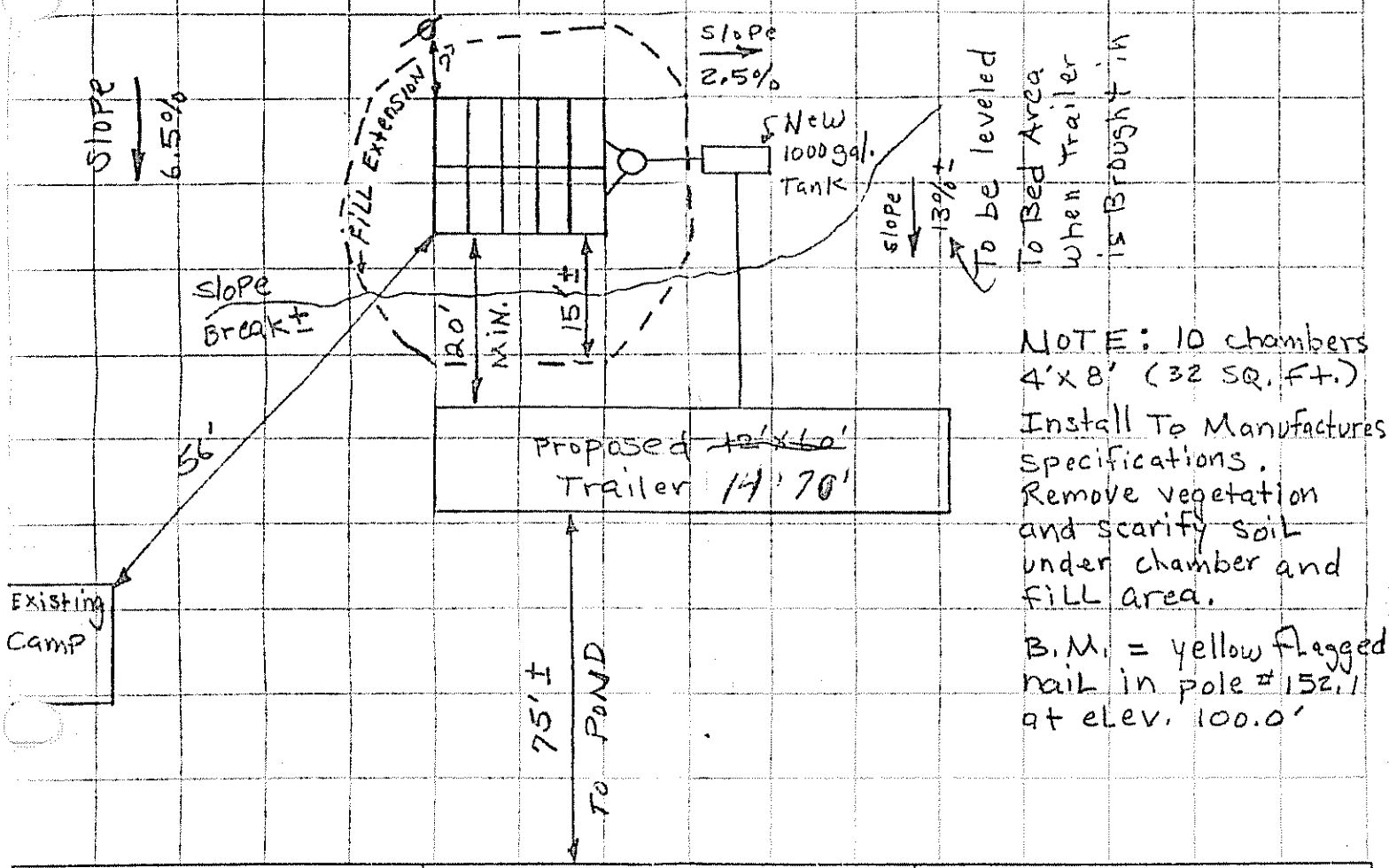
City

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA, ME.	CROSS HILL RD.	WILLIAM XIMINESS

CROSS HILL ROAD **SUBSURFACE WASTEWATER DISPOSAL PLAN** Scale 1" = 20 Ft.



NOTE: 10 chambers 4'x8' (32 SQ. ft.) Install To Manufactures specifications. Remove vegetation and scarify soil under chamber and fill area.

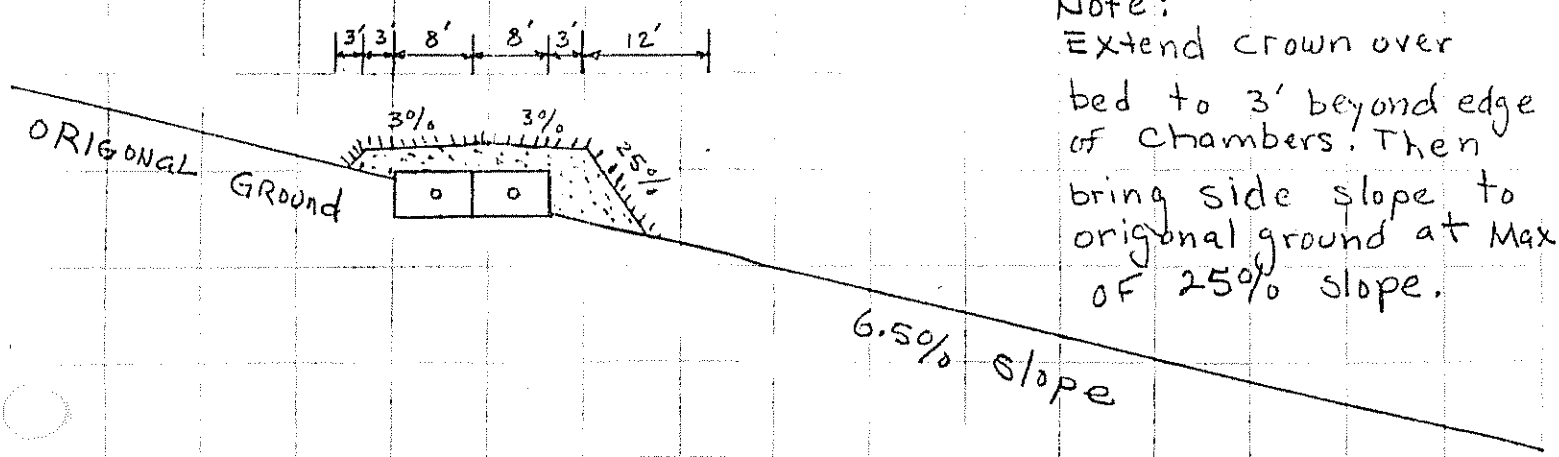
B.M. = yellow flagged nail in pole # 152.1 at elev. 100.0'

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	11"	Reference Elevation is	100.0	Telephone Pole # 152.1 (Nail)
Depth of Fill (Downslope)	23"	Bottom of Disposal Area	95.0	7' from N.E. cor. of Bed
		Top of Distribution Lines or Chambers	96.1	

DISPOSAL AREA CROSS SECTION

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

Minimum of 8" of fill over CHAMBERS



Note: Extend crown over bed to 3' beyond edge of chambers. Then bring side slope to origonal ground at Max. of 25% slope.

Donald P. Rance

#154

6/25/82

Town, City, Plantation: AUGUSTA, Me.

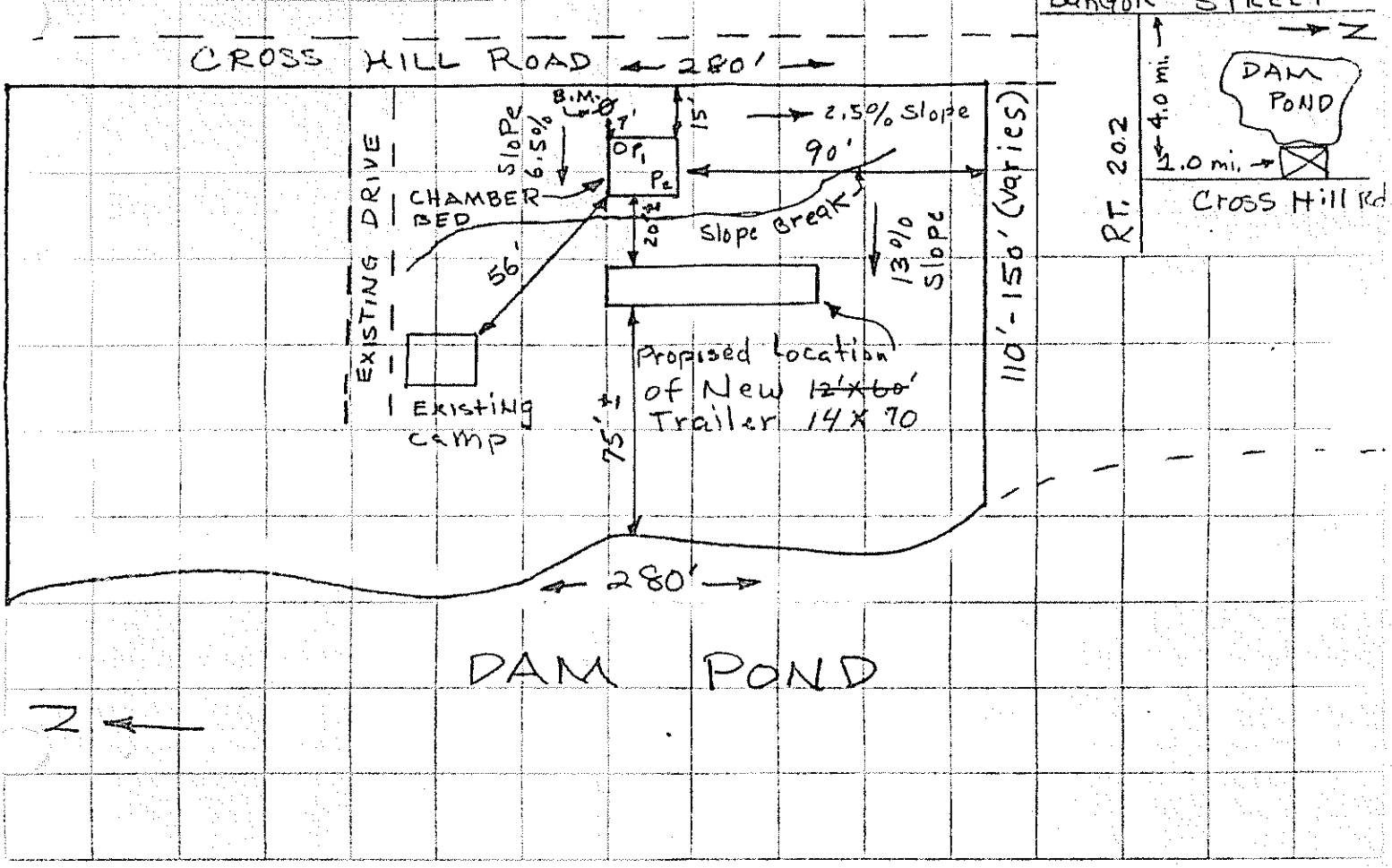
Street, Road, Subdivision: Cross Hill Rd.

Owners Name: William Ximiness

SITE PLAN

Scale 1" = 50 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 P1 ☒ Test Pit ☐ Boring

2 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	Sandy Loam	Loose	Reddish Brown	Less than 2%
6–15		Friable	Brown	
15–30		V. Firm	Brownish Grey	More than 2%
30–50				

Soil (Profile)	Classification (Condition)	Slope	Limiting Factor	
3	C	6.5 %	23	☒ Ground Water ☒ Restrictive Layer ☐ Bedrock

Observation Hole P2 ☒ Test Pit ☐ Boring

2 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	Sandy Loam	Loose	Reddish Brown	Less than 2%
6–15		Friable	Brown	
15–30		V. Firm	Brownish Grey	More than 2%
30–50				

Soil (Profile)	Classification (Condition)	Slope	Limiting Factor	
3	C	6.5 %	19	☒ Ground Water ☒ Restrictive Layer ☐ Bedrock

David P. Roque — Site Evaluator or Professional Engineer's Signature

#154 — SE# / PE#

6/25/83 — Date