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 #	S Hill

PROPERTY OWNERS NAME

Last: Colfer First: Michael

Applicant Name:	Michael Colfer
Mailing Address of Owner/Applicant (If Different)	SAME

M4 L16

AUGUSTA PERMIT # 445 TOWN COPY

Date Permit Issued: 5 3 85 $ 40 FEE ☐ If Double Fee Charged

Randall D. Gray
Local Plumbing Inspector Signature

L.P.I. # 758

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.

Randall D. Gray
Local Plumbing Inspector Signature

7/18/85
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:

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
1.3±	RU-

TYPE OF WATER SUPPLY

Private

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☑ SEPTIC: ☑ Regular ☐ Low Profile
2. ☐ AEROBIC

SIZE: _____ 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: 300 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 17"

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

1. ☐ BED 1000 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

(☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

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

TOWN COPY

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

PROPERTY LOCATION			
Town, Plantation	Street, Road	Subdivision Name	Lot No.

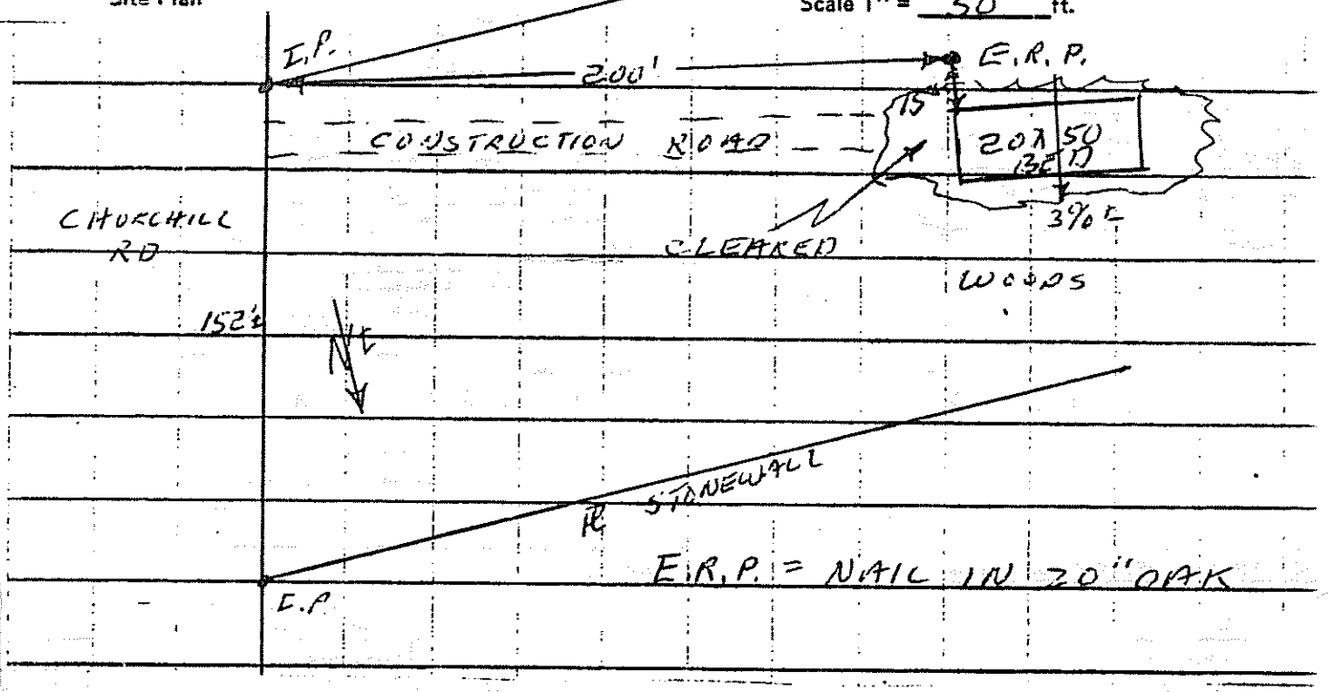
PROPERTY OWNER or APPLICANT

DISPOSAL AREA ELEVATION

Depth of Upslope Fill required 19 inches.
Depth of Downslope Fill required 23 E inches.

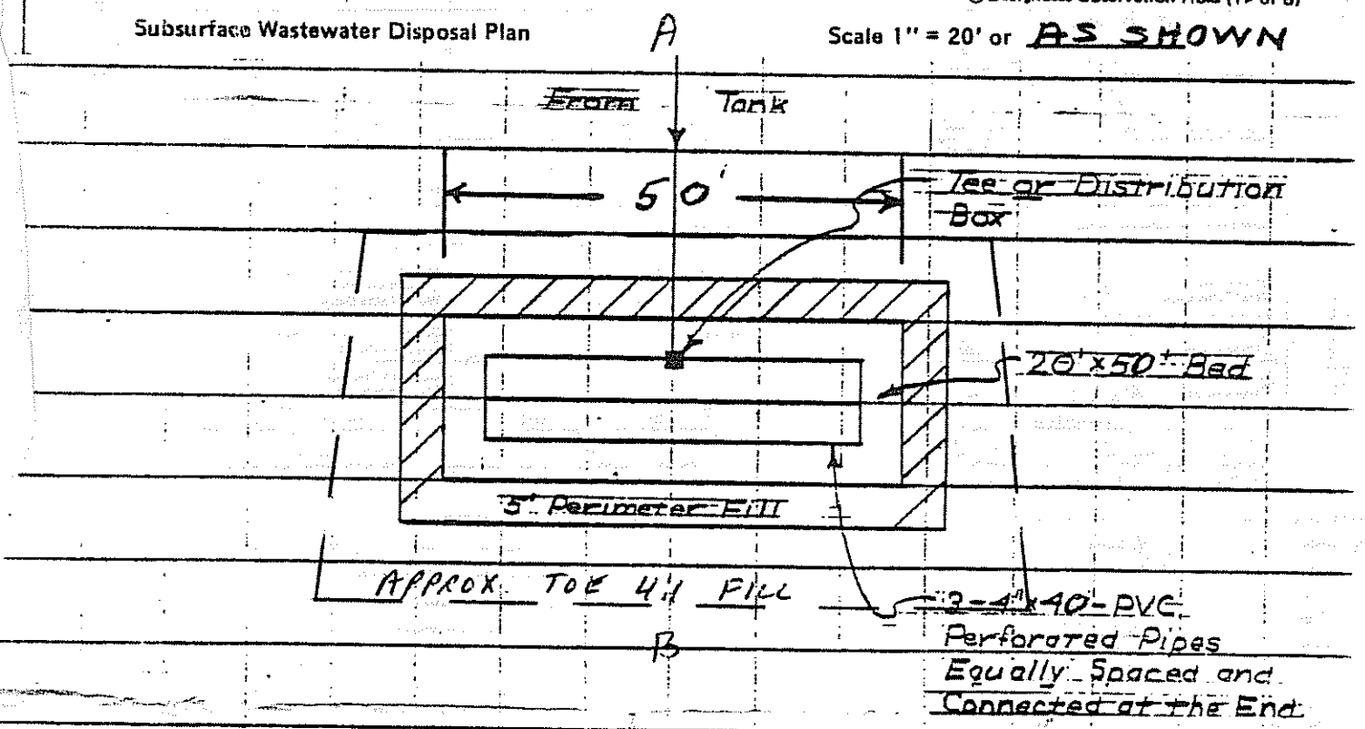
Reference Elevation Point established at 0 Elevatio
Disposal Area Bottom to be established at -65 Elevatio
Top of Distribution Lines or Top of Chambers -53 Elevatio

Site Plan Scale 1" = 50 ft.

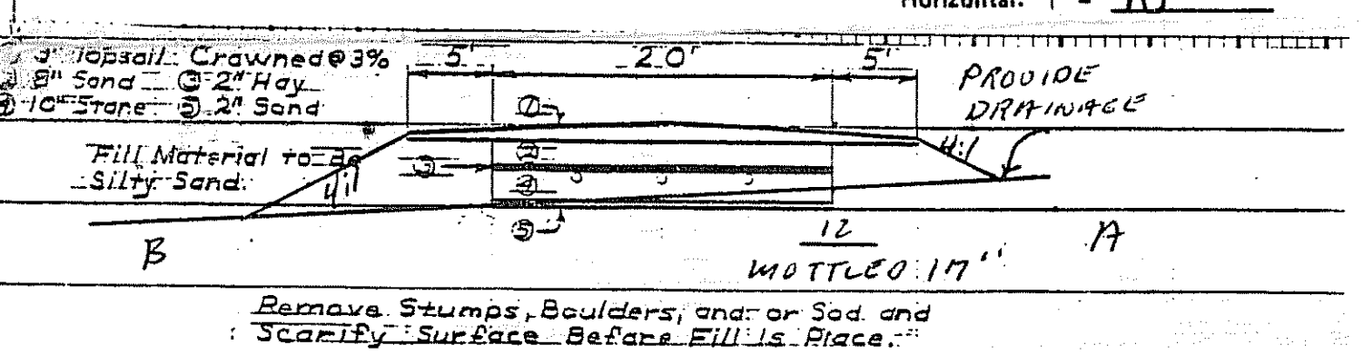


● Designates Elevation Reference Point (ERP)
○ Designates Observation Hole (TP or B)

Subsurface Wastewater Disposal Plan Scale 1" = 20' or AS SHOWN



Subsurface Wastewater Disposal Area Cross-section Scale: Vertical: 1" = 5' Horizontal: 1" = 10'



Remove Stumps, Boulders, and/or Sod and Scarify Surface Before Fill Is Place.

Site Evaluators Signature	Date	License Number
[illegible]	4/13/82	51

HHE-200-A RV7/8

622 1872 / 19"

Dave - across - check MANN ½ on LEFT Back Rt Stack

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

Variance: (X) None Required ( ) Replacement System Variance Wi ( ) New System Variance ( ) LPI Approval ( ) Dept. Revie

PROPERTY LOCATION: AUGUSTA (Town, Plantation) — CROSS HILL RD (Street, Road) — Subdivision Name — Lot No

PROPERTY OWNER or APPLICANT: LANCE ROGERS Mike Colfer

Mailing Address: 204 1/2 MT VERNON AVE (Street) — 622-7313 (Tel. No.)

AUGUSTA, ME (Town, State, Zip Code)

TYPE OF STRUCTURE, DESIGN FLOW

(X) Single Family Dwelling — Number of Bedrooms 3 2 — Design Flow 300 GPD

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

( ) Reduction in Design Flow due to Water Conservation

If so, specify type (s) _____

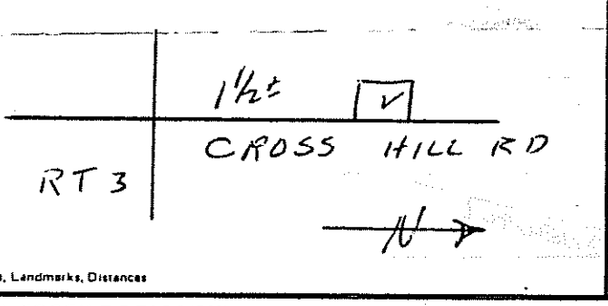
( ) Other Establishment. Specify _____ Type of Facility

(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 1.3± ( ) Sq. Ft. (X) Acres ( ) Zoned (X) 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 OF EACH SOIL STRATA ENCOUNTERED

	Observation Hole No. 1 (X) Boring	Observation Hole No. ( ) Test Pit ( ) Boring	Observation Hole No. ( ) Test Pit ( ) Boring
Organic Strata or (Existing Fill)	Thickness +1"	Thickness ___"	Thickness ___
1st Original Mineral Soil Strata	B.S.L. Depth from 0" to 8" Thickness ___"	Depth from 0" to ___" Thickness ___"	Depth from 0" to ___" Thickness ___
2nd	R.B.S.L. Depth from 8" to 17" Thickness 9"	Depth from ___" to ___" Thickness ___"	Depth from ___" to ___" Thickness ___
3rd	G.B.G.T Depth from 17" to 32" Thickness 15"	Depth from ___" to ___" Thickness ___"	Depth from ___" to ___" Thickness ___
4th	Depth from ___" to ___" Thickness ___"	Depth from ___" to ___" Thickness ___"	Depth from ___" to ___" Thickness ___
Total Depth of Observation Hole	32"	___"	___

Depth from top of ORIGINAL MINERAL SOIL

Maximum Seasonal High Ground	( ) None evident Water Table Depth 17"	( ) None Evident Water Table Depth ___"	( ) None evident Water Table Depth ___"
Depth to Restrictive Layer	( ) None evident 22"	( ) None evident ___"	( ) None evident
Depth to Bedrock	( ) None evident POSS 32"	( ) None evident ___"	( ) None evident

PROFILE	CONDITION	SLOPE
3	C	3%
		%
		%

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

TYPE OF SYSTEM

(X) Combined System
( ) Separated System

If separated system, type of black waste disposal system to be used:

( ) Compost
( ) Pit Privy
( ) Sealed Vault Privy
( ) Other:

Specify: _____

( ) Separated Laundry System
( ) Primitive System
( ) Holding Tank

TREATMENT TANK

(X) Septic Tank
( ) Aerobic Tank

Size 1000 Gals.

PUMP DEPENDS ON DOSAGE TANK 200

( ) Pumping is not required
( ) Pumping is required

The 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 _____ %

(X) Bed Disposal Area

Total bed area 1000 sq. ft.
Number of beds 1
Width 20 ft. Length 50 ft.

( ) Chamber Disposal Area

Total chamber area _____ sq. ft.
Number of clusters _____
Width _____ ft. Length _____ ft.
( ) H-20 required

SYSTEM SIZE RATING

( ) Small ( ) Medium (X) Medium Large ( ) Large ( ) Extra L

DISPOSAL AREA ELEVATION

Depth of Upslope Fill required 19 inches.
Depth of Downslope Fill required 23± inches.
Reference Elevation Point established at 0 Elevatio
Disposal Area Bottom to be established at -65 Elevatio
Top of Distribution Lines or Top of Chambers -53 Elevat

(X) Yes ( ) No: The proposed subsurface disposal area will located at least 100 feet from any and all wells, springs, face water bodies and courses (lake, pond, ocean, bro stream, river), swamps, marshes, and bogs.

(X) Yes ( ) No: The proposed subsurface disposal area will located at least 300 feet from any and all wells and spri producing 2000 gallons or more of water per day and a public water supplies.

FOR USE BY SITE EVALUATOR VALID COPY ONLY WITH EMBOSSED SEAL

On 4/10/82 (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 [signature] Date signed 4/13/82

Site Evaluator License Number 51

OR 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 _____ Date Signed _____

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 _____ Date _____

PERMIT NO. _____

Date Issued / / 8