

626-7630

called 9-17-97 9:50

4/26/27

M4L 26

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation

Augusta

Street vision Lot #

DAN BOND RD AUGUSTA

PROPERTY OWNERS NAME

Last: Watson

First: Robert

Applicant Name:

Mailing Address of Owner/Applicant (If Different)

131 MARGARET RD
E. TOWN MA 02718

AUGUSTA 3779 TOWN COPY

Date Permit Issued: 9/17/97

Local Plumbing Inspector Signature: *[Signature]*

FEE: \$ 30.00 If Double Fee Charged

L.P.I. #: 1807

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]
Signature of Owner/Applicant

9/17/97
Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

[Signature]
Local Plumbing Inspector Signature

10/15/97
Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- 1. NEW SYSTEM
- 2. REPLACEMENT SYSTEM
- 3. EXPANDED SYSTEM
- 4. EXPERIMENTAL SYSTEM

SEASONAL CONVERSION

to be completed by the LPI

- 5. SYSTEM COMPLIES WITH RULES
- 6. CONNECTED TO SANITARY SEWER
- 7. SYSTEM INSTALLED - P# _____
- 8. SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED 7

THE FAILING SYSTEM IS:

- 1. BED
- 2. CHAMBER
- 3. TRENCH
- 4. OTHER: Metal Tank

SIZE OF PROPERTY

ZONING

LRR

THIS APPLICATION REQUIRES:

- 1. NO RULE VARIANCE
- 2. NEW SYSTEM VARIANCE
Attach New System Variance Form
- 3. REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
 - a. Requiring Local Plumbing Inspector Approval
 - b. Requires State and Local Plumbing Inspector Approval
- 4. MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:

- 1. SINGLE FAMILY DWELLING
- 2. MODULAR OR MOBILE HOME
- 3. MULTIPLE FAMILY DWELLING
- 4. OTHER: Camp
SPECIFY

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 _____ GAL
 - 6. ALTERNATIVE TOILET (ONLY)
 - 7. NON-ENGINEERED DISPOSAL AREA (ONLY)
 - 8. ENGINEERED DISPOSAL AREA (ONLY)
 - 9. SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY

Pond

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.)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE | CONDITION

DEPTH TO LIMITING FACTOR: _____

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

DESIGN FLOW:

(GALLONS/DAY)

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.)