

called 9-1-99 10:45 left mess  
11-18-00 7:50 left mess

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

**PROPERTY ADDRESS**

Town Or Plantation: Augusta H/d

Street / Vision Lot #: Cross Hill Rd

**PROPERTY OWNERS NAME**

Last: Pailey First: Beatrice

Applicant Name: Blake C. Domerchut

Mailing Address of Owner/Applicant (If Different): Wilson, ME

Map 4, Lot 81

AUGUSTA 3996 TOWN COPY

Date Permit Issued: 8-15-98 \$ 500.00  If Double Fee Charged

Blake C. Domerchut  
Local Plumbing Inspector Signature L.P.I. # 1028

**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.

Blake C. Domerchut  
Signature of Owner/Applicant Date 8/18/98

**Caution: Inspection Required**

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

Local Plumbing Inspector Signature \_\_\_\_\_ Date Approved \_\_\_\_\_

**PERMIT INFORMATION**

**THIS APPLICATION IS FOR:**

1.  NEW SYSTEM

2.  REPLACEMENT SYSTEM Tank

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

**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

**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

**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 RPDS

**TYPE OF WATER SUPPLY**

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.)**

N/A

DESIGN FLOW: \_\_\_\_\_ (GALLONS/DAY)

**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: \_\_\_\_\_

**SITE EVALUATOR STATEMENT**

On 11/18/00 (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.)