623-8823

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
(207)289-3826

M4 L87B

AUGUSTA — Caution: Permit Required — PERMIT # 1,060 — TOWN COPY

Date Permit Issued: 6/18/87 — $ 140.00 FEE — ☐ If Double Fee Charged

Gary R. Fuller — Local Plumbing Inspector Signature — L.P.I. # 18150

PROPERTY ADDRESS

Town Or Plantation: AUGUSTA

Street Subdivision Lot #: BUCK + DOE TRAIL

PROPERTY OWNERS NAME

Last: MELVILLE First: RAYMOND

Applicant Name:

Mailing Address of Owner/Applicant (If Different): 41 WESTERN AVE AUGUSTA, ME 04330

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: 6/17/87

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. [X] 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 ____
THE FAILING SYSTEM IS:
1 [ ] BED 3 [ ] TRENCH
2 [ ] CHAMBER 4 [ ] OTHER ____

SIZE OF PROPERTY: 31,000 □'± **ZONING:** RES

THIS APPLICATION REQUIRES:
1. [X] NO RULE VARIANCE
2. [ ] NEW SYSTEM VARIANCE — Attach New System Variance Form
3. [ ] REPLACEMENT SYSTEM VARIANCE — Attach Replacement System Variance Form
   a. [ ] Requires 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. [X] MODULAR OR MOBILE HOME
3. [ ] MULTIPLE FAMILY DWELLING
4. [ ] OTHER ____ SPECIFY

INSTALLATION IS:
COMPLETE SYSTEM
1. [X] 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: LAKE

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. [X] SEPTIC [ ] Regular [ ] Low Profile
2. [ ] AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION
1. [ ] NONE
2. [X] 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. [X] REQUIRED

DOSE: 40 GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)
2 BEDROOM

RECEIVED JUN 17 1987

DESIGN FLOW: 770 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES
PROFILE: 3 CONDITION: C
DEPTH TO LIMITING FACTOR: 24

SIZE RATINGS USED FOR DESIGN PURPOSES
1. [ ] SMALL
2. [ ] MEDIUM
3. [X] MEDIUM-LARGE
4. [ ] LARGE
5. [ ] EXTRA LARGE

DISPOSAL AREA TYPE/SIZE
1. [ ] BED ____ Sq. Ft.
2. [X] CHAMBER 288 Sq. Ft. [ ] REGULAR [X] H-20
3. [ ] TRENCH ____ Linear Ft.
4. [ ] OTHER: ____

SITE EVALUATOR STATEMENT

On 5/12/87 (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# 51 — Date 5/23/87

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

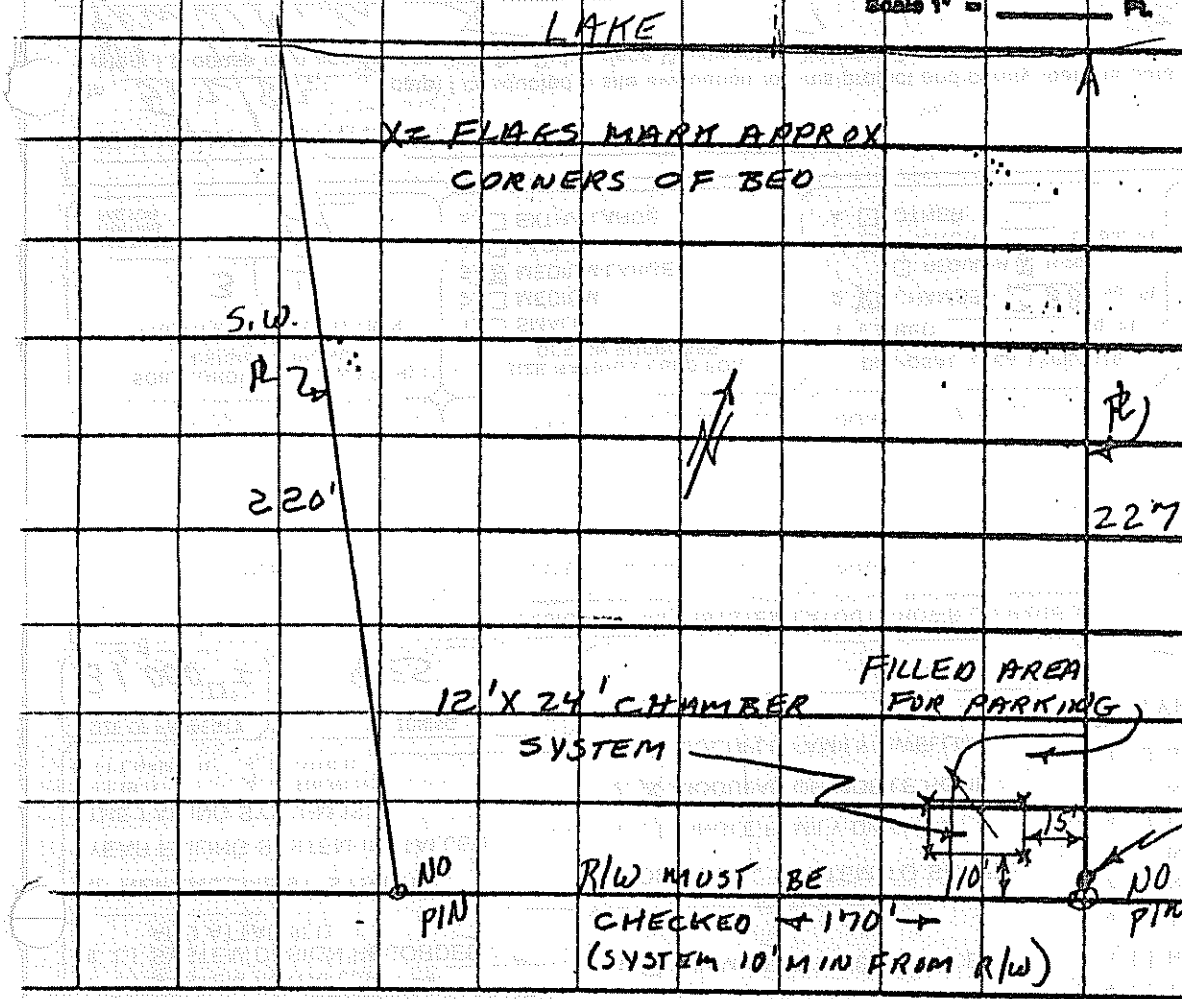
...wn, City, Plantation

...LICATION ... Division of Health Engineering

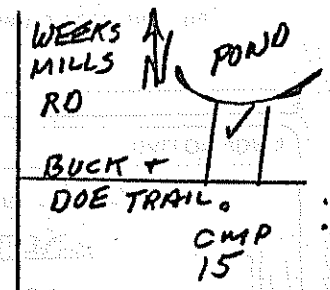
Street, Road, Subdivision | Owners Name

SITE PLAN

Scale 1" = _____ 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 1 ☐ Test Pit ☒ Boring

+2 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–24	S.L.	FRIABLE	B	
24–30	G.T.	FIRM	G.B.	

Soil	Classification	Slope	Limiting Factor
3 (Profile)	C (Condition)	10 %	24 ☒ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–30				

Soil	Classification	Slope	Limiting Factor
(Profile)	(Condition)	%	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

[signature] #51 5/23/87

Office Evaluator of Professional Engineer's Signature | Site Date | Date

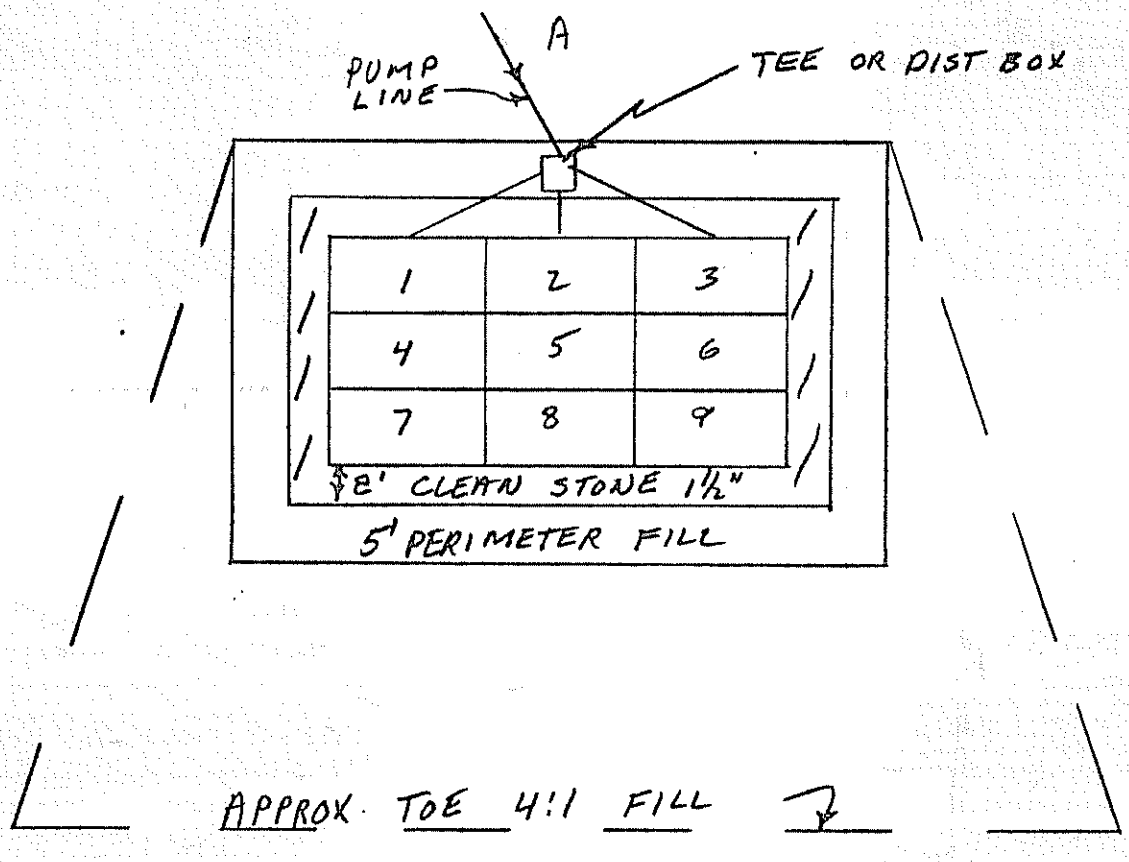
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	BUCK + DOE TRAIL	MELVILLE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 10 Ft.



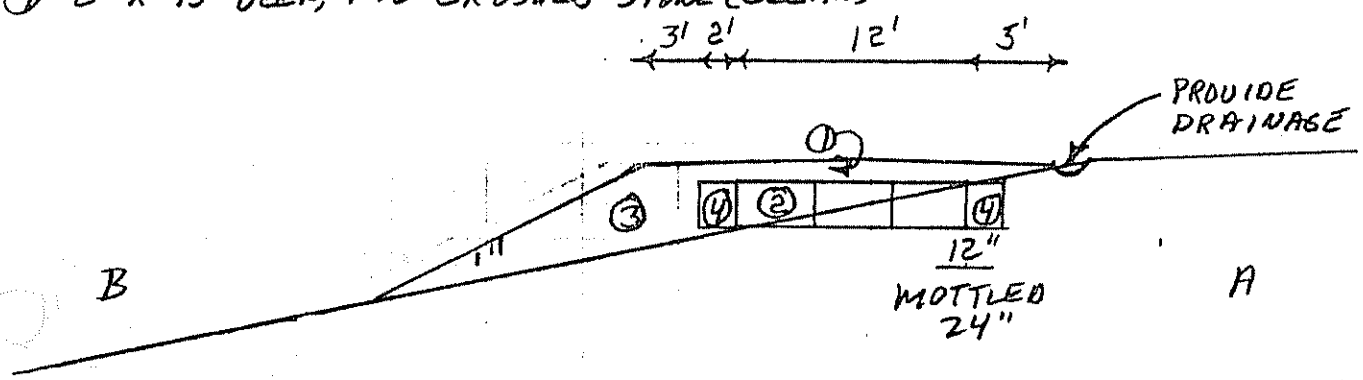
B

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	7"	Reference Elevation is	0	NAIL IN 14" HEMLOCK
Depth of Fill (Downslope)	25±	Bottom of Disposal Area	-72"	
		Top of Distribution Lines or Chambers	-59"	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 5 Ft.
Horizontal: 1 Inch = 10 Ft.

1. 6" TOPSOIL CROWNED @ 3%
2. 9 - 4'x8' "5" CHAMBERS
3. SANDY GRAVEL FILL
4. 2' x 13" DEEP, 1½" CRUSHED STONE (CLEAN)



Site Evaluator Signature	SE#	Date
[signature]	51	5/23/87