M4 L98

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 #	Rt. 3 + 202

PROPERTY OWNERS NAME

Augusta Harley Davidson, North Country Sales + Service
Last: First:

Applicant Name:	Barry Rudkin
Mailing Address of Owner/Applicant (If Different)	RR7, Box 1250 Augusta, ME 04330

AUGUSTA 2528 TOWN COPY
Caution: Permit Required
Date Permit Issued: 9 25 92 $ 45.00 FEE ☐ If Double Fee Charged
L.P.I. # 90
Local Plumbing Inspector Signature

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] 9/25/92
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.

9-25-92
Local Plumbing Inspector Signature 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~~ Not Failing SYSTEM INSTALLED _____
THE FAILING SYSTEM IS: N/A
1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

SIZE OF PROPERTY	ZONING
3.68 Ac	Rural Village District

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 Store + Service Center 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
Existing well

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☒ SEPTIC: ☒ Regular ☐ Low Profile
2. ☐ AEROBIC Existing
SIZE: 1,000 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.)
6 Employees in Sales + Service Center
25 GPD per employee
DESIGN FLOW: 150 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 28

SIZE RATINGS USED FOR DESIGN PURPOSES
1. ☐ SMALL
2. ☐ MEDIUM
3. ☒ MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE
1. ☒ BED 500 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

On 7/22/92 (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.

[signature] 157 9/21/92
Site Evaluator Signature SE# Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: Augusta

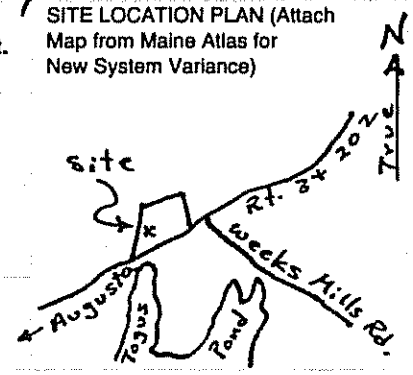
Street, Road, Subdivision: Rt. 3 + 202

Owners Name: Barry Rudkin

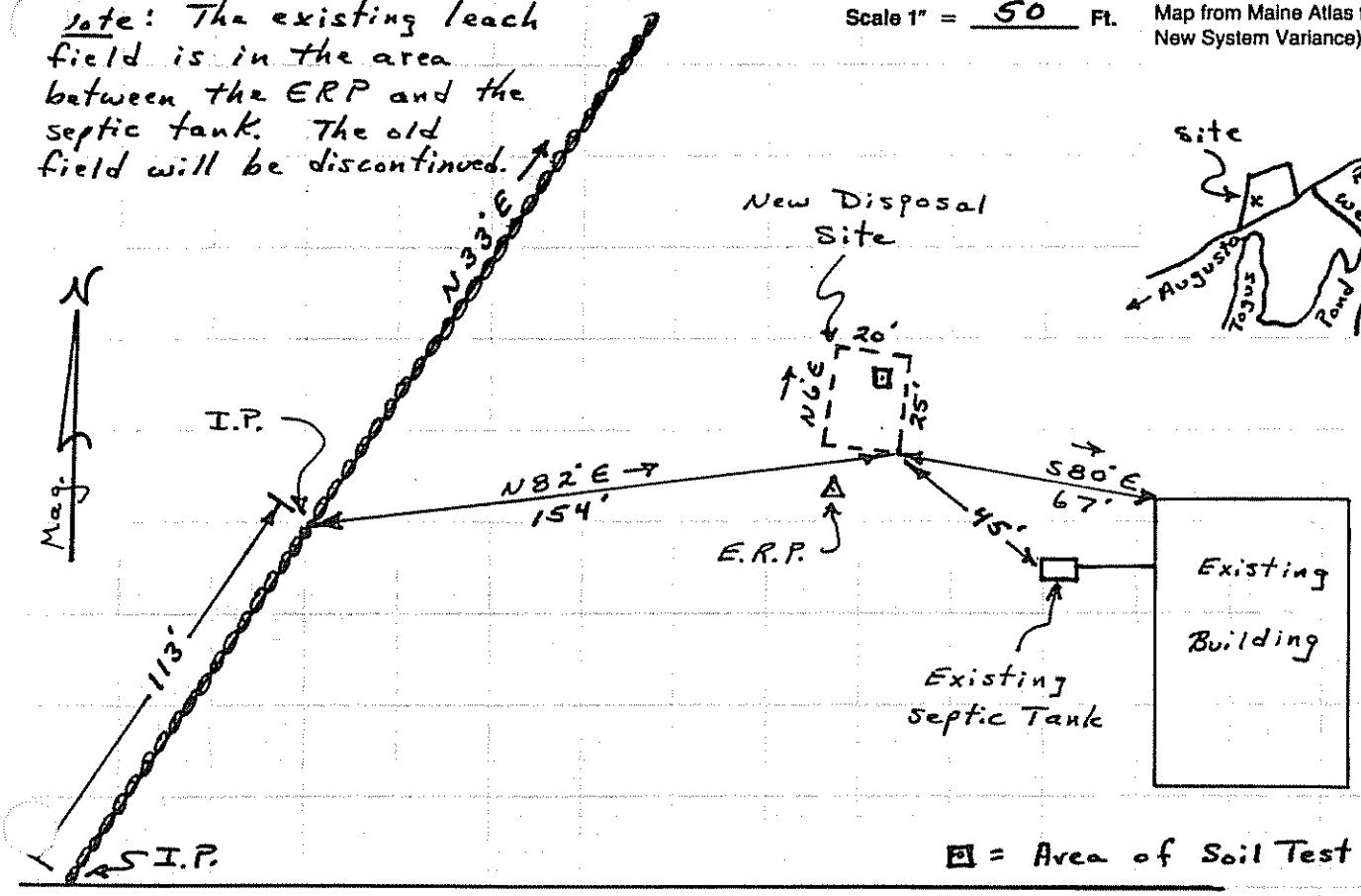
SITE PLAN

Scale 1" = 50 Ft.

SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)



Note: The existing leach field is in the area between the ERP and the septic tank. The old field will be discontinued.



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole 1 ☐ Test Pit ☒ Boring

1" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling
Gravelly Loamy Sand	Friable	Brown	None
Stony Fine Sandy Loam	Firm	Red- to yellow-brown	Few to Common & Distinct
		Light Gray	

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	C (Condition)	0 %	28"	☒ 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

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

Kenneth G. Stratta
Site Evaluator Signature

157
SE#

9/24/92
Date

HHE-200 Rev. 1/84

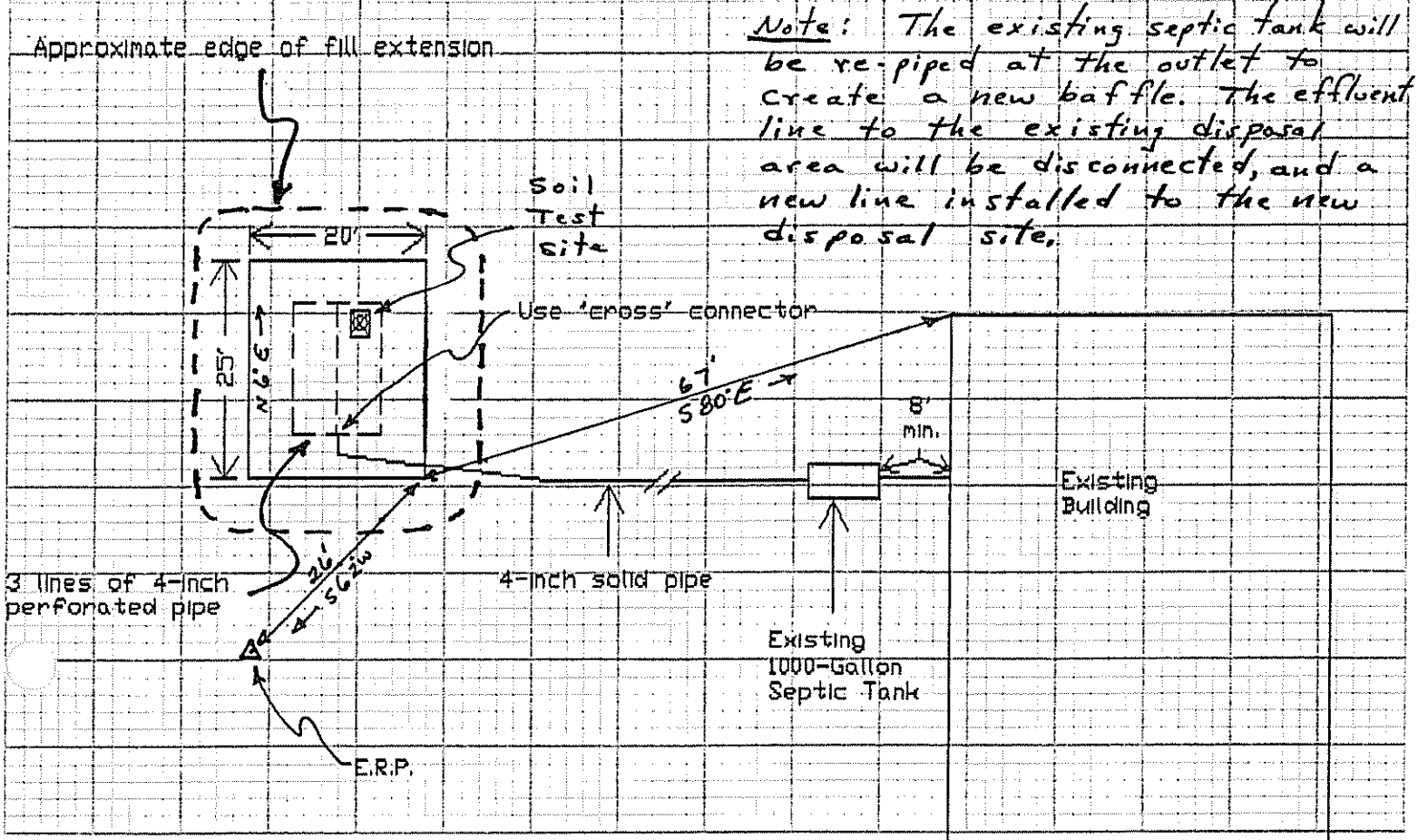
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Rt. 3 + 202	Barry Rudkin

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



Note: The existing septic tank will be re-piped at the outlet to create a new baffle. The effluent line to the existing disposal area will be disconnected, and a new line installed to the new disposal site.

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	8"	Reference Elevation is	0"	Nail in 24-inch white pine located SW of disposal site
Depth of Fill (Downslope)	8"	Bottom of Disposal Area	-55"	
		Top of Distribution Lines or Chambers	-42"	

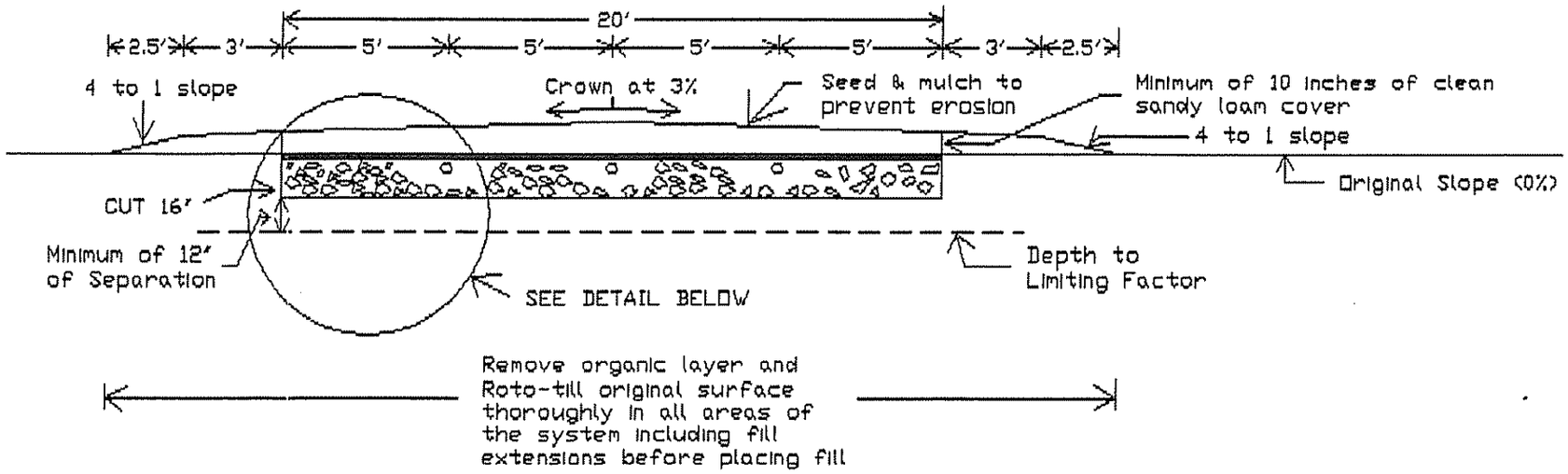
DISPOSAL AREA CROSS SECTION

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

(See Attached)

Kenneth G Stratton — Site Evaluator Signature
157 — SE#
9/24/92 — Date

HHE-200 Rev.1/84

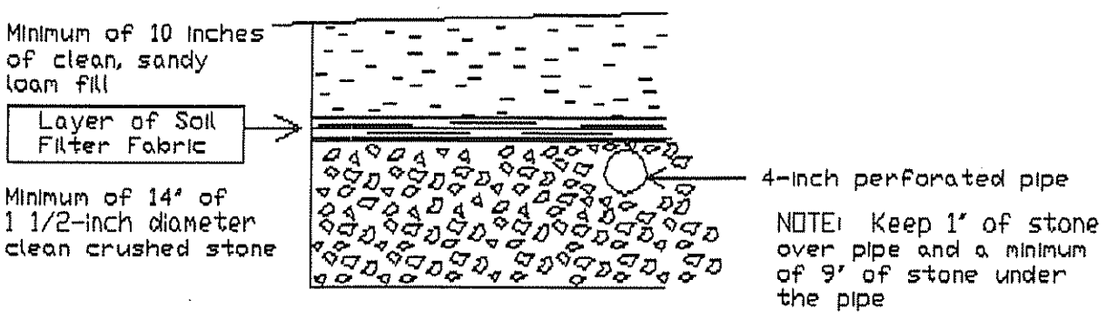


ELEVATIONS

Depth of Fill (Upslope) = 8"

Depth of Fill (Downslope) = 8"

Reference Elevation is 0"
Bottom of Disposal Area is -55"
Top of Distribution Lines is -42"



DETAIL OF BED

ATTACHMENT TO FORM HHE-200

DISPOSAL AREA CROSS SECTION
20' X ' DISPOSAL BED

SCALE: 1 Inch = 5 Feet

Kenneth G. Stratton S.E. #157

DATE: 9/24/92