SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

7-60

AUGUSTA PERMIT # 1,433 TOWN COPY

Date Permit Issued: 9 23 88 $ 100 00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 1808

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Subdivision Lot #	550 Mt. Belfast Ave, Route 3

PROPERTY OWNERS NAME

Last: Mills First: David

Applicant Name:	622-9737
Mailing Address of Owner/Applicant (If Different)	RFD #7 Box 118 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.

David Mills 9-23-88
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.

Local Plumbing Inspector Signature 11-17-88 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# NA
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: NA

SIZE OF PROPERTY 5± Acres

ZONING Residential

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 _____ 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 Spring

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.)
Two Bed Room

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
1	C

DEPTH TO LIMITING FACTOR: 15

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

DISPOSAL AREA TYPE/SIZE
1. ☑ BED 1200 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

20 x 60
2.1

DESIGN FLOW: 293 (GALLONS/DAY)

TE EVALUATOR STATEMENT

On 16 Sept. 88 (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.

Charles H. King — Site Evaluator Signature
094 — SE#
17 Sept. 88 — Date

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

11-9-88 - System did not pass improper drainage piping installation.

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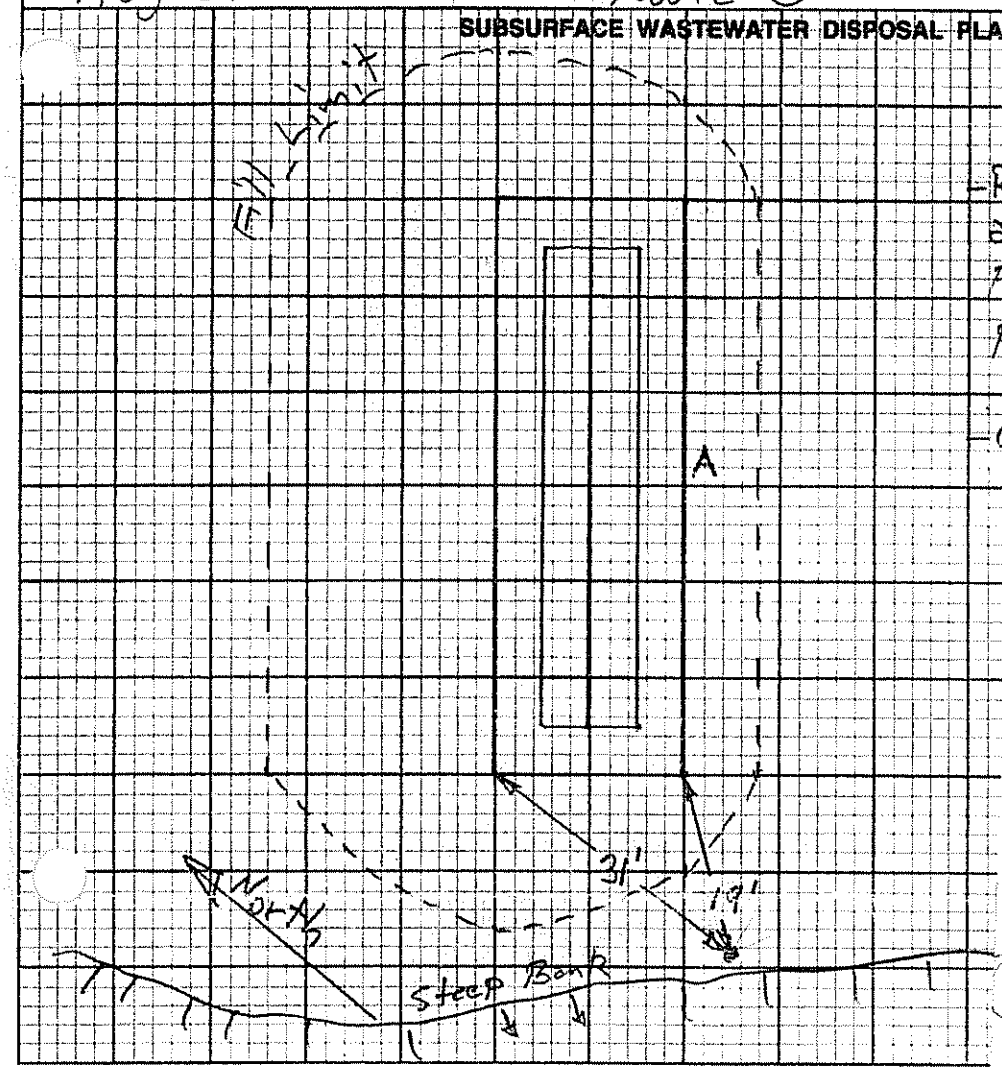
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Route 3	David Mills

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



-Remove All Trees Stumps and Organic Matter within Fill Limit Line Before Placing Fill

-Center Feed Bed At A

David Mills

7-60

88 1433 Ext 1434 Int.

7-61A

92 2401 Ext. Int. 2400

96 Int 3475

FILL REQUIREMENTS

Depth of Fill (Upslope) 24"

Depth of Fill (Downslope) 41"

CONSTRUCTION ELEVATIONS

Reference Elevation is 0"

Bottom of Disposal Area -41"

Top of Distribution Lines or Chambers -26"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

Flagged Nail in 14" Ash

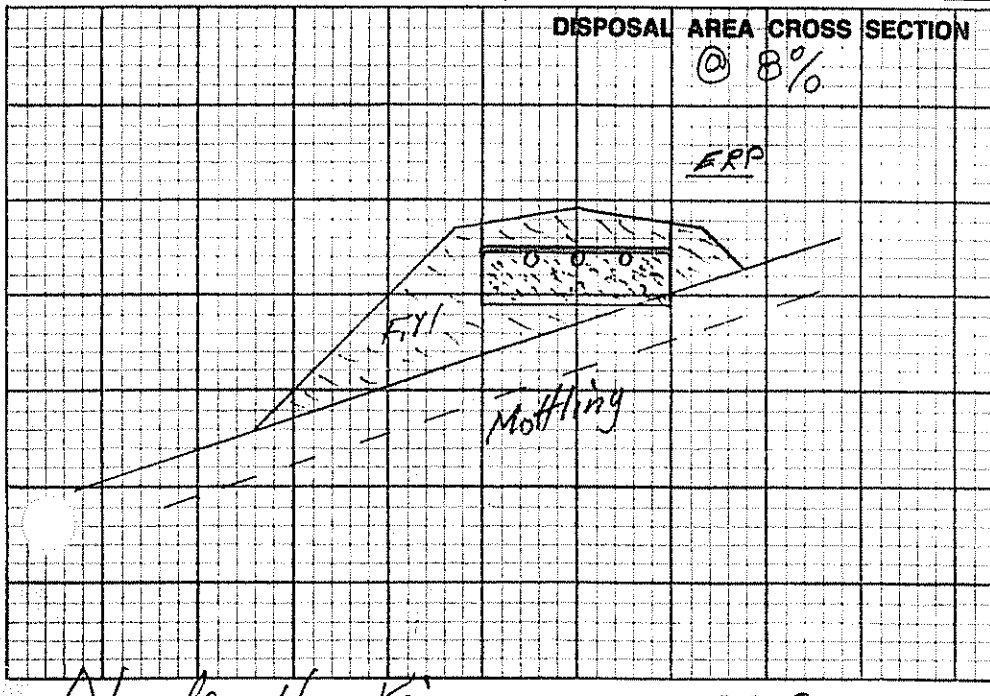
DISPOSAL AREA CROSS SECTION

@ 8%

Scale:

Vertical: 1 Inch = 5 Ft.

Horizontal: 1 Inch = 20 Ft.



-Use Loam or Sandy Loam Fill 8" Edge 12" Center

-2" Hay Layer

-16" Stone

Charles H. King
Site Evaluator Signature

094
SE#

17 Sept. 88
Date

HHE-200 Rev. 1/9

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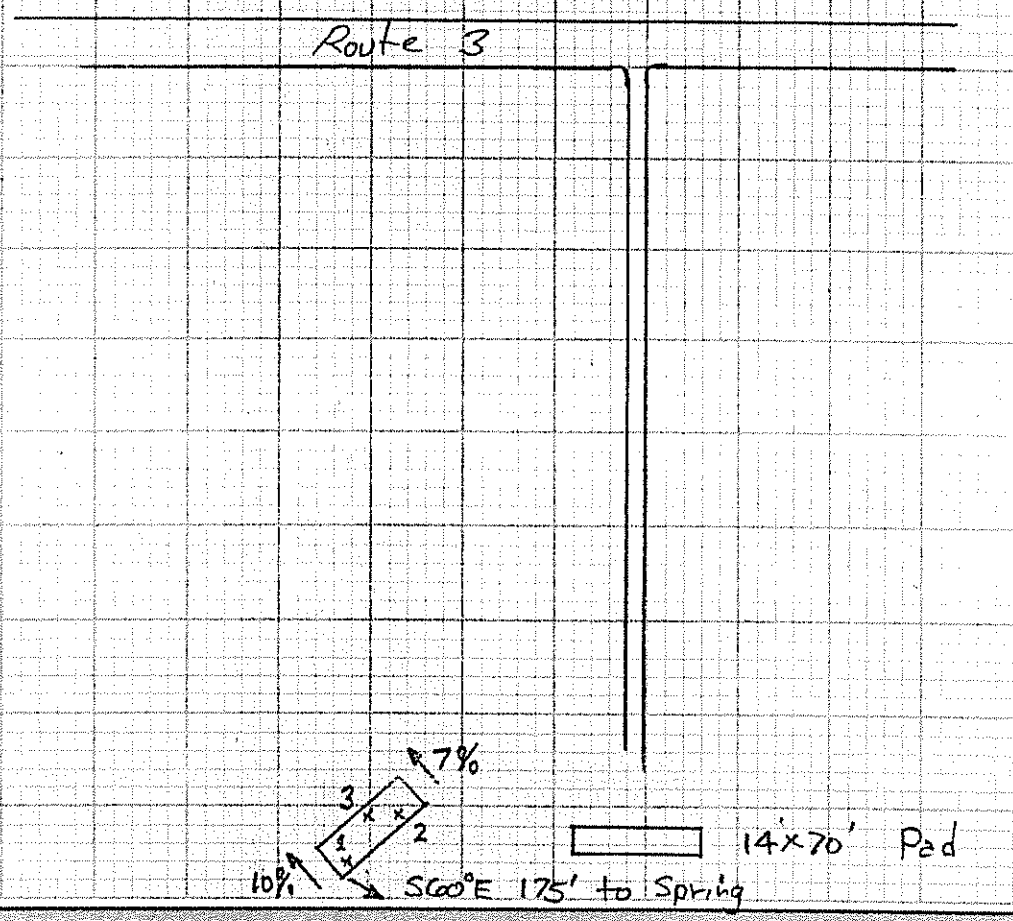
Department of Human Services
Division of Health Engineering

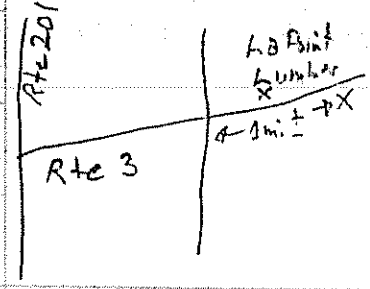
Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	So. Belfast Ave	David Mills

SITE PLAN

Scale 1" = 100 Ft.



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



North

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
Silt Loam	Very Friable to Firm	Brown to Olive	None Faint
	Restrictive Layer		

Soil Profile	Classification Condition	Slope %	Limiting Factor	
1	C	8	15"	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole 3 ☑ Test Pit ☐ Boring

2" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling
Silt Loam	Very Friable to Very Firm	Brown to Tan to Gray	None Not Observed
	Restrictive Layer		

Soil Profile	Classification Condition	Slope %	Limiting Factor	
1	C	6	24"	☐ Ground Water ☑ Restrictive Layer ☐ Bedrock

Charles H. King
Site Evaluator Signature

094
SE#

17 Sept. 88
Date

HHE-200 Rev.1/84