# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

NOT inspected

0129 AUGUSTA *** 11020 ***

Date Permit Issued: 10 26 83 $ 40 FEE ☐ If Double Charged

Robert B Strong
Local Plumbing Inspector Signature

L.P.I. # 616 7

**PROPERTY ADDRESS**

Town Or Plantation: Augusta

Street Division Lot #: Bond Brook Road

**PROPERTY OWNERS NAME**

Last: Arnold First: Walter

Applicant Name: Box 80, Bond Brook Rd

Mailing Address of Owner/Applicant (If Different): 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.*

Walter D. Arnold 10/25/83
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 — Date Approved

## PERMIT INFORMATION

**THIS APPLICATION IS FOR:**

1. ☒ NEW SYSTEM
2. ☐ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ SEASONAL CONVERSION
5. ☐ EXPERIMENTAL SYSTEM

**THIS APPLICATION REQUIRES:**

1. ☒ NO RULE VARIANCE REQUIRED
2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form
   ☐ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
   3. ☐ Requires only Local Plumbing Inspector Approval
   4. ☐ Requires both State and Local Plumbing Inspector Approval

**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
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: N/A

1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

**DISPOSAL SYSTEM TO SERVE:**

1. ☐ SINGLE FAMILY DWELLING
2. ☒ MODULAR OR MOBILE HOMES
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

**SIZE OF PROPERTY:** 58 ± ac.

**ZONING:** Shoreland

**TYPE OF WATER SUPPLY:** Drilled 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.)

2 2 bedroom trailers

DESIGN FLOW: 460 (GALLONS/DAY)

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

| PROFILE | CONDITION |
|---|---|
| 5 | C |

DEPTH TO LIMITING FACTOR: 36-38.

**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'x60'

## SITE EVALUATOR STATEMENT

(☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

On September 23, 1983 (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.

Stephen E. Goodwin — Site Evaluator or Professional Engineer's Signature
65 — SE# / PE#
9/30/83 — Date

* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Option



city

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

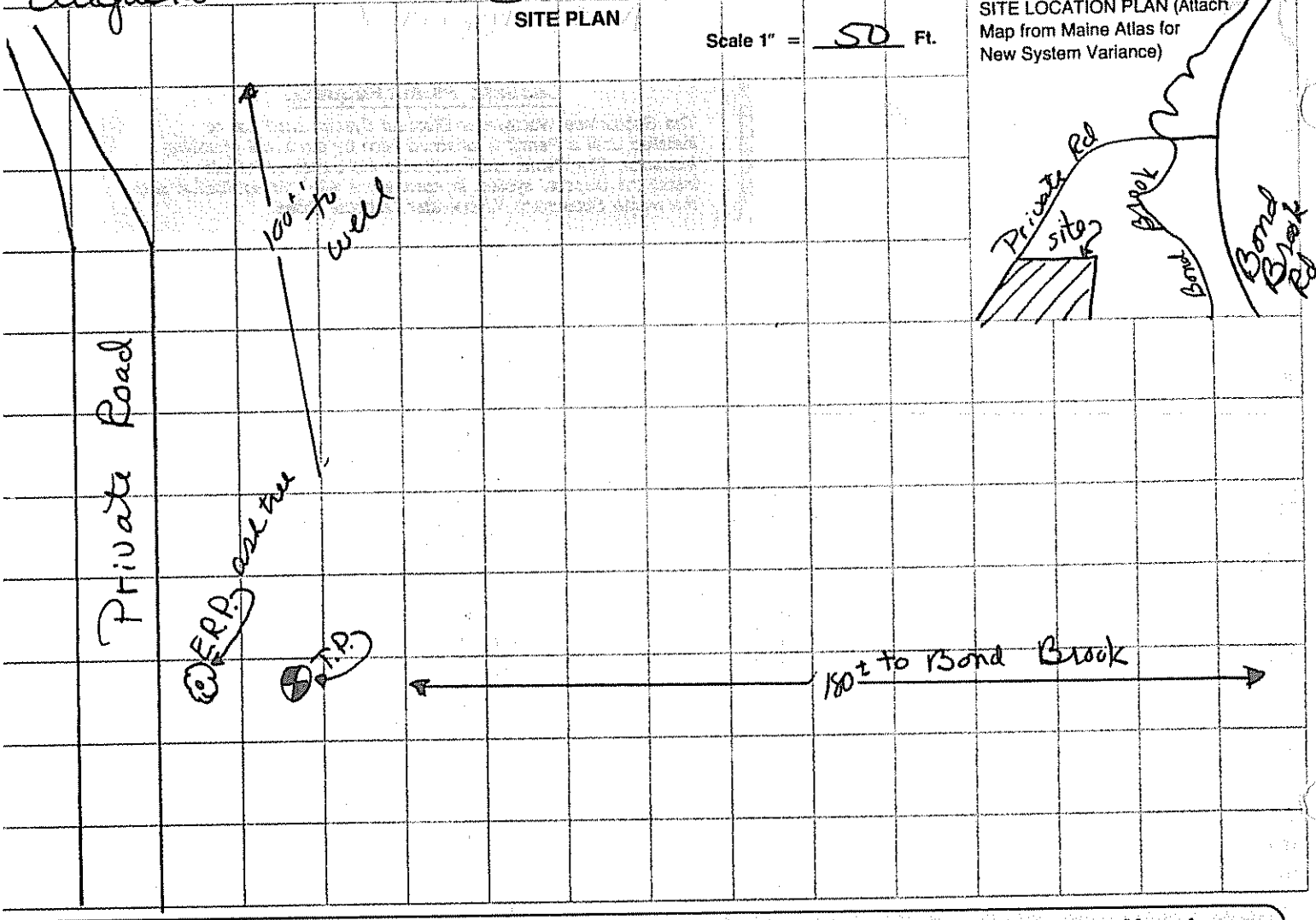
Town, City, Plantation: Augusta

Street, Road, Subdivision: Bond Brook Rd

Owners Name: Walter Arnold

## SITE PLAN

Scale 1" = 50 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 _____ ☒ Test Pit ☐ Boring

0 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

| Texture | Consistency | Color | Mottling |
|---|---|---|---|
| loamy sand (0–6) | | brown | |
| loamy sand to fine sand (6–30) | | yellowish brown | |
| gravelly sand (30–40) | | gray brown | |

| Soil | Classification | Slope | Limiting Factor | |
|---|---|---|---|---|
| 5 (Profile) | C (Condition) | 0-3 % | 36 | ☑ 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 |

Stephen S. Goodwin
Site Evaluator or Professional Engineer's Signature

65
SE# / PE#

9/30/83
Date

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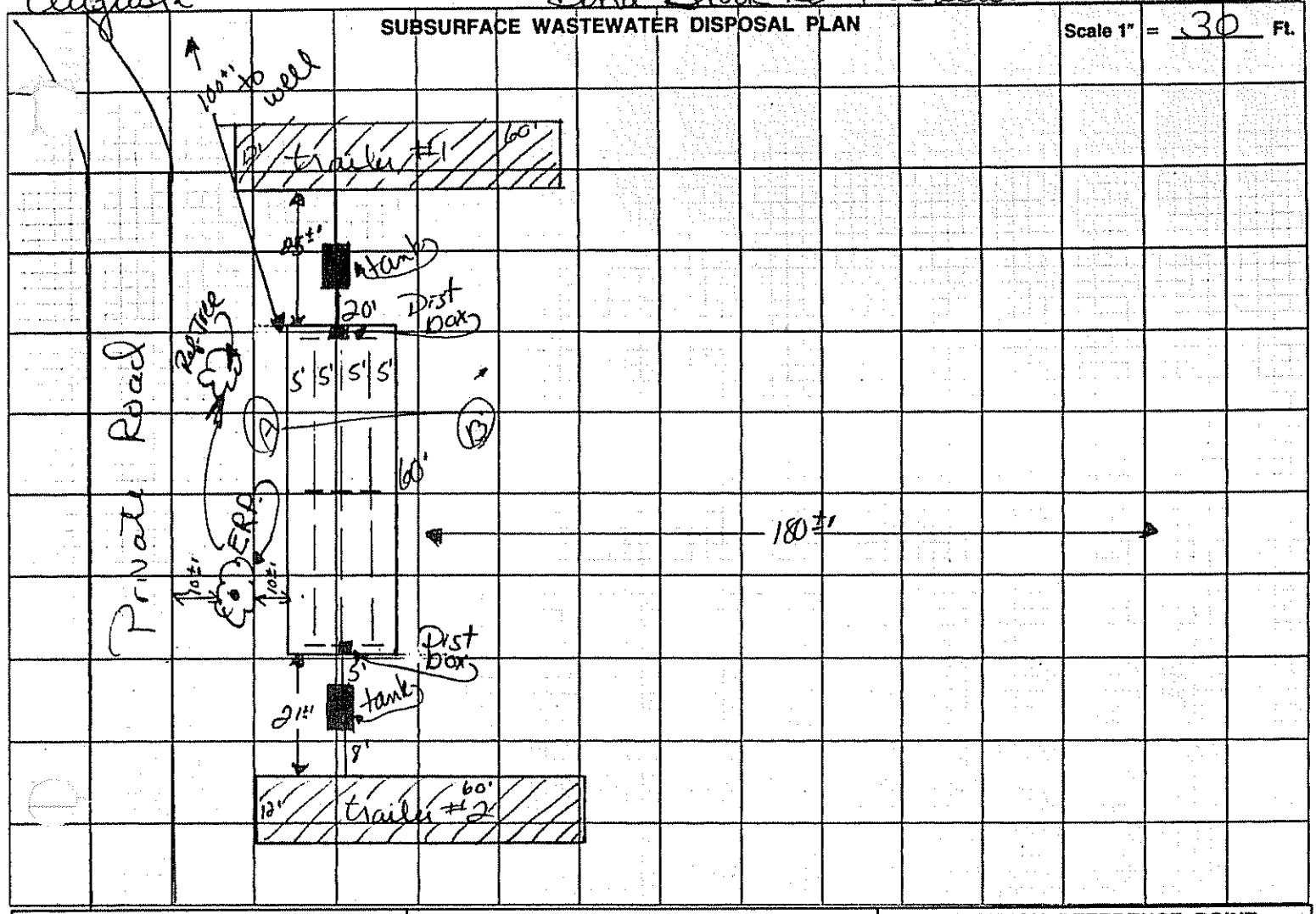
Department of Human Services
Division of Health Engineering

| Town, City, Plantation | Street, Road, Subdivision | Owners Name |
|---|---|---|
| Augusta | Bond Brook Rd | Walter Arnold |

## SUBSURFACE WASTEWATER DISPOSAL PLAN

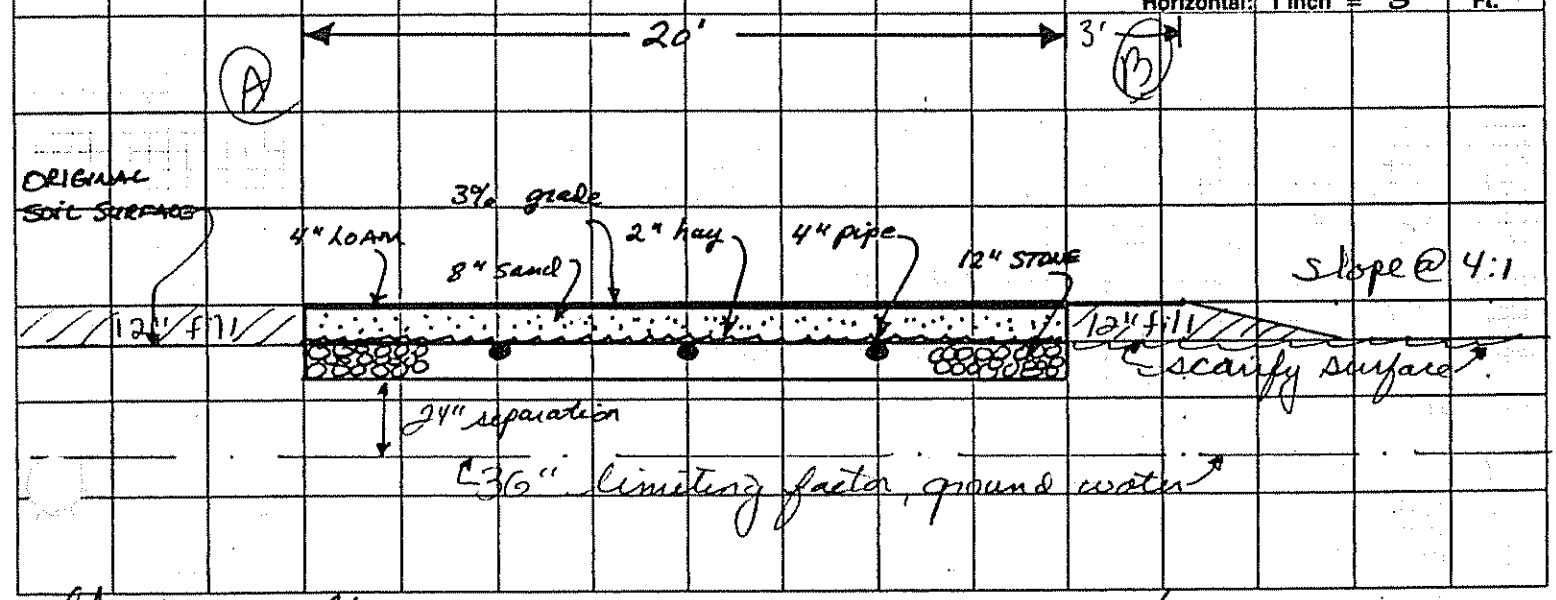
Scale 1" = 30 Ft.




| FILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | ELEVATION REFERENCE POINT LOCATION & DESCRIPTION |
|---|---|---|---|
| Depth of Fill (Upslope) | 12" | Reference Elevation is nail in tree | Finish grade of bed is 12" below nail in tree |
| Depth of Fill (Downslope) | 12" | Bottom of Disposal Area 36" below | |
| | | Top of Distribution Lines or Chambers 24" below | |

## DISPOSAL AREA CROSS SECTION

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




Stephen E. Goodwin
Site Evaluator or Professional Engineer's Signature

65
SE # / PE #

9/30/83
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HHE-200 Rev. 4/83