

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

04268410

| PROPERTY ADDRESS | |
|---|-------------------------------|
| Town Or Plantation | Augusta |
| Street | Route 105 |
| PROPERTY OWNER'S NAME | |
| Last: Perry | First: Malcolm |
| Applicant Name: | Malcolm Perry |
| Mailing Address of Owner/Applicant (If Different) | R-7 B-400 Augusta Me 04330 |

| | |
|--|---|
| AUGUSTA 11-61 PERMIT # 1,309 TOWN COPY | |
| Date Permit Issued: 5/3/88 | FEE \$140.00 <input type="checkbox"/> If Double Fee Charged |
| Local Plumbing Inspector Signature: <i>[Signature]</i> | L.P.I. # 1802 |

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.

Malcolm M. Perry 4-30-88
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.

[Signature] 6/24/88
Local Plumbing Inspector Signature Date Approved

| PERMIT INFORMATION | | |
|--|---|--|
| THIS APPLICATION IS FOR: 1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM | THIS APPLICATION REQUIRES: 1. <input checked="" type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input type="checkbox"/> Requires Local Plumbing Inspector Approval b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE | INSTALLATION IS: COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL. 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM |
| SEASONAL CONVERSION to be completed by the LPI 5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____ <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED | IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____ | DISPOSAL SYSTEM TO SERVE: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input checked="" type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____ |
| SIZE OF PROPERTY 20000 ZONING _____ | TYPE OF WATER SUPPLY Drilled well | |

| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | | | | | |
|--|--|--|---|---|---|--|
| TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE 1000 GALS. | WATER CONSERVATION 1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____ | PUMPING 1. <input type="checkbox"/> NOT REQUIRED 2. <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION & ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: 71 GALS. | CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.) 3 bedrooms DESIGN FLOW: 298 (GALLONS/DAY) | | | |
| SOIL CONDITIONS USED FOR DESIGN PURPOSES <table border="1"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td>3</td> <td>C</td> </tr> </table> DEPTH TO LIMITING FACTOR: 15 " | PROFILE | CONDITION | | 3 | C | SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA-LARGE |
| PROFILE | CONDITION | | | | | |
| 3 | C | | | | | |

SITE EVALUATOR STATEMENT

On 4/25/88 (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.

William W. Redden
Site Evaluator Signature

51 SE# 4/25/88 Date

Approved for use as RHE 200 by Division of Health Engineering 9/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

04268410

Town, City, Plantation
Augusta

Street, Road, Subdivision
Route 105

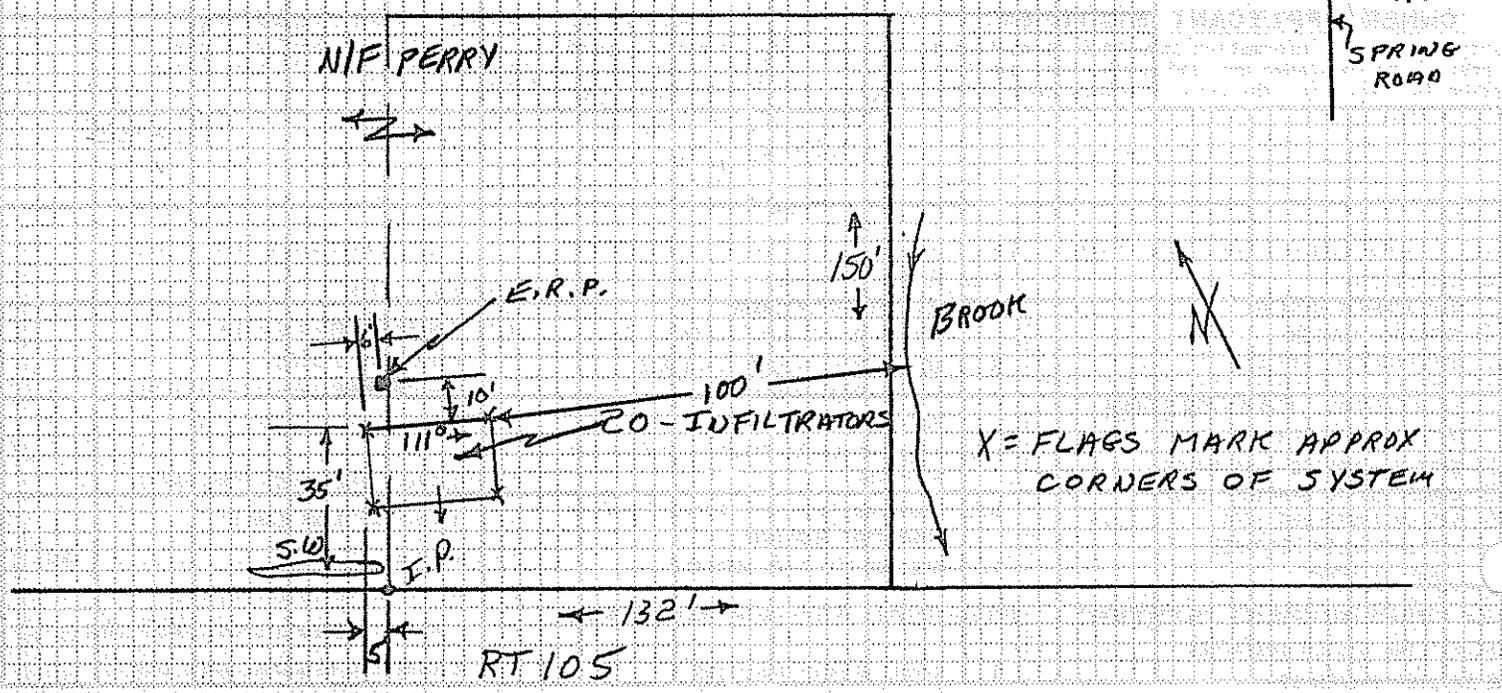
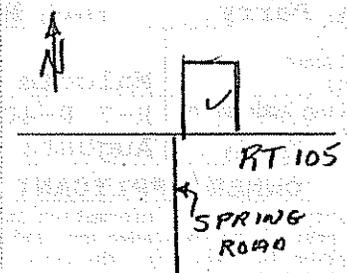
Owner's Name
Perry, Malcolm

SITE PLAN

Scale: 1" = 50 Ft.
or as shown

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

NOTE: CELLAR DRAIN FROM PERRY HOUSE MUST BE RELOCATED TO 20' MIN. FROM SYSTEM.



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring
3 " Depth of Organic Horizon Above Mineral Soil

| Inches | Texture | Consistency | Color | Mottling |
|--------|---------|-------------|-------|----------|
| 0 | S.L. | FRIBLE | B | |
| 6 | | | | |
| 10 | | | | |
| 15 | | | | 15" |
| 20 | | | | |
| 30 | G.T. | FIRM | G.B. | |
| 40 | | | | |
| 50 | | | | |

Soil Classification Profile 3 Condition C Slope 4 % Limiting Factor 15 Ground Water Restr. Layer Bedrock

Observation Hole _____ Test Pit Boring
 _____ " Depth of Organic Horizon Above Mineral Soil

| Inches | Texture | Consistency | Color | Mottling |
|--------|---------|-------------|-------|----------|
| 0 | | | | |
| 6 | | | | |
| 10 | | | | |
| 15 | | | | |
| 20 | | | | |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

Soil Classification Profile _____ Condition _____ Slope _____ % Limiting Factor _____ Ground Water Restr. Layer Bedrock

Malcolm W. Rusk
Site Evaluator Signature

51
SE#

4/25/88
Date

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HHE 200 by Division of
Health Engineering 9/87

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04268410

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

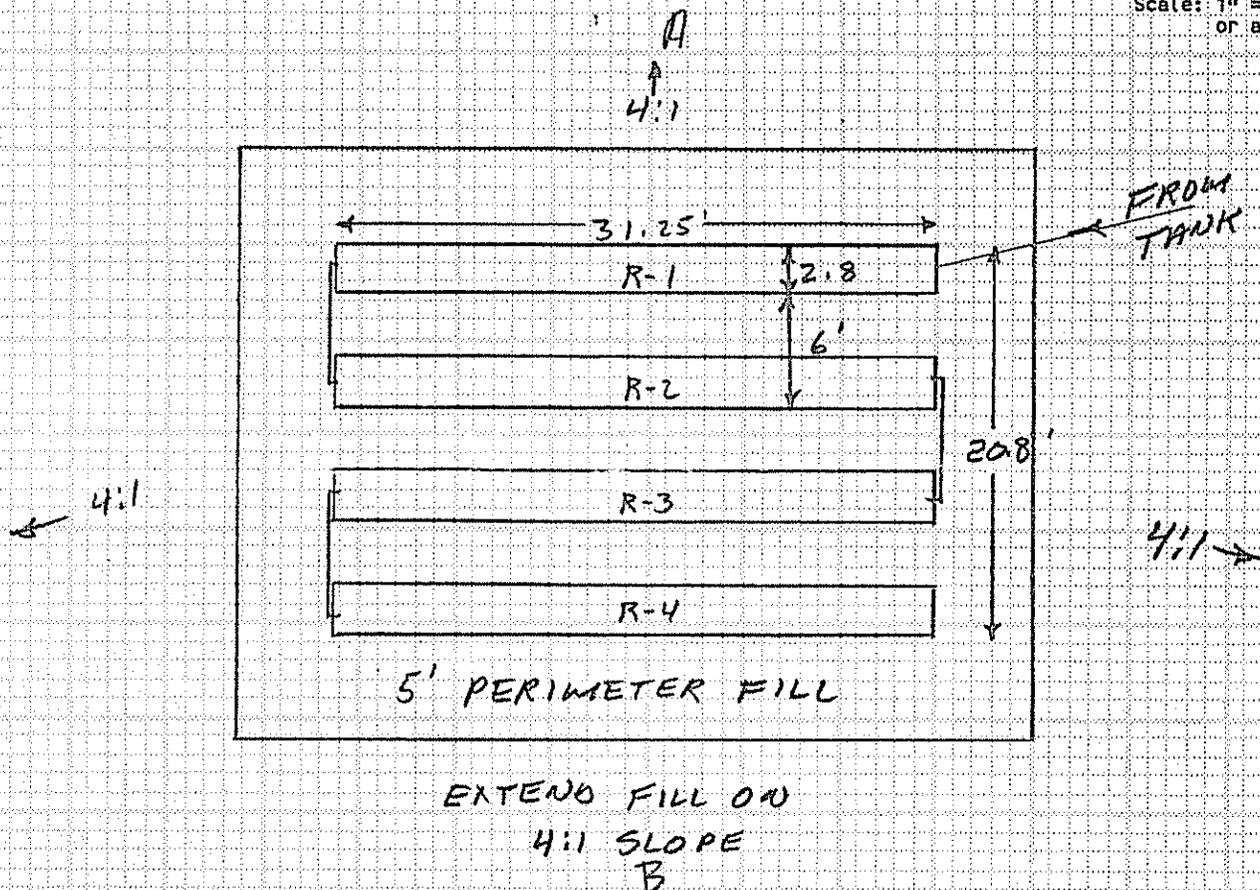
Augusta

Route 105

Perry, Malcolm

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 10 Ft.
or as shown



FILL REQUIREMENTS

Depth of Fill (Upslope)

Depth of Fill (Downslope)

CONSTRUCTION ELEVATION

20"

Reference Elevation is

25"

Bottom of Disposal Area

Top of Distribution Lines or Chambers

ELEVATION REFERENCE POINT

0

-63"

-48"

NR11 IN TREE

- ① 8" TOPSOIL
- ② SANDY GRAVEL FILL
- ③ LOAMY SAND FILL

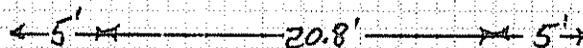
DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.

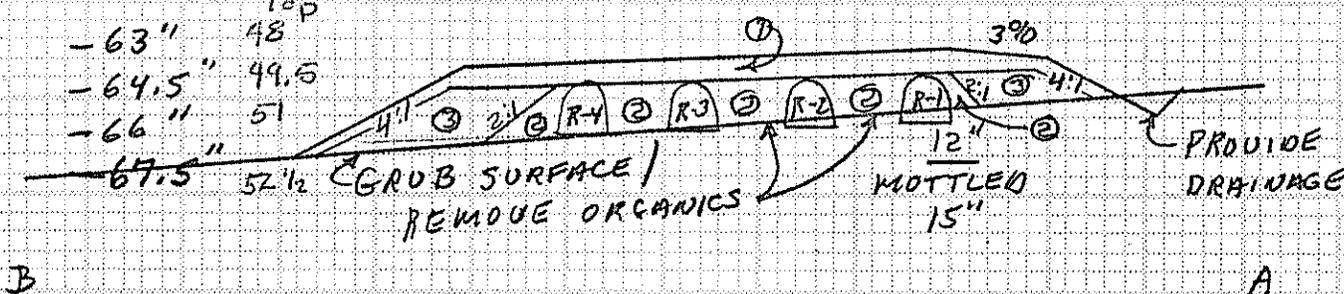
Horizontal: 1 inch = 10 Ft.

R-1 - R-4 INFILTRATORS
4 ROWS, 5 EACH



BOTTOM ELEV.

| | Bottom | Top |
|-----|--------|--------|
| R-1 | -63" | 48 |
| R-2 | -64.5" | 49.5 |
| R-3 | -66" | 51 |
| R-4 | -67.5" | 52 1/2 |



William W. Redd
Site Evaluator Signature

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