# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

0087 AUGUSTA

0087 AUGUSTA ✓ *** 11020 ***

Date Permit Issued: 8 22 83 $ 40 FEE

Robert B St Pierre — Local Plumbing Inspector Signature — L.P.I. # 667 — ☐ If Double Charged

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER SIX MONTHS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

## PROPERTY ADDRESS

| | |
|---|---|
| Town Or Plantation | AUGUSTA |
| Street Subdivision Lot # | ROUTE 105 South Belfast Av. |

## PROPERTY OWNERS NAME

582-1553

Last: GOODRICH First: LEROY

| | |
|---|---|
| Applicant Name: | P.O BOX 3425 |
| Mailing Address of Owner/Applicant (If Different) | TOGUS, MAINE |

## 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.*

Leroy Goodrich — Signature of Owner/Applicant — 7-7-83 — Date

## Caution: Inspection Required

*I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.*

Robert St Pierre — Local Plumbing Inspector Signature — 8/30/83 — 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:

1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: N/A

### DISPOSAL SYSTEM TO SERVE:

1. ☑ SINGLE FAMILY DWELLING
   or
2. ☑ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

| SIZE OF PROPERTY | ZONING |
|---|---|
| 10± Ac. | N/A |

### 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 - Bedroom

### SOIL CONDITIONS USED FOR DESIGN PURPOSES

| PROFILE | CONDITION |
|---|---|
| 3 | C |

DEPTH TO LIMITING FACTOR: 24

### SIZE RATINGS USED FOR DESIGN PURPOSES

1. ☐ SMALL
2. ☐ MEDIUM
3. ☑ MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

### DISPOSAL AREA TYPE/SIZE

1. ☑ BED 800 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: 240 (GALLONS/DAY)

## SITE EVALUATOR STATEMENT

(☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

On 6/14/83 (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. Goodrich — Site Evaluator or Professional Engineer's Signature — 65 — SE# / PE# — 7/3/83. — Date

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

Check # 3627 Paid by ... APPLICANT City

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

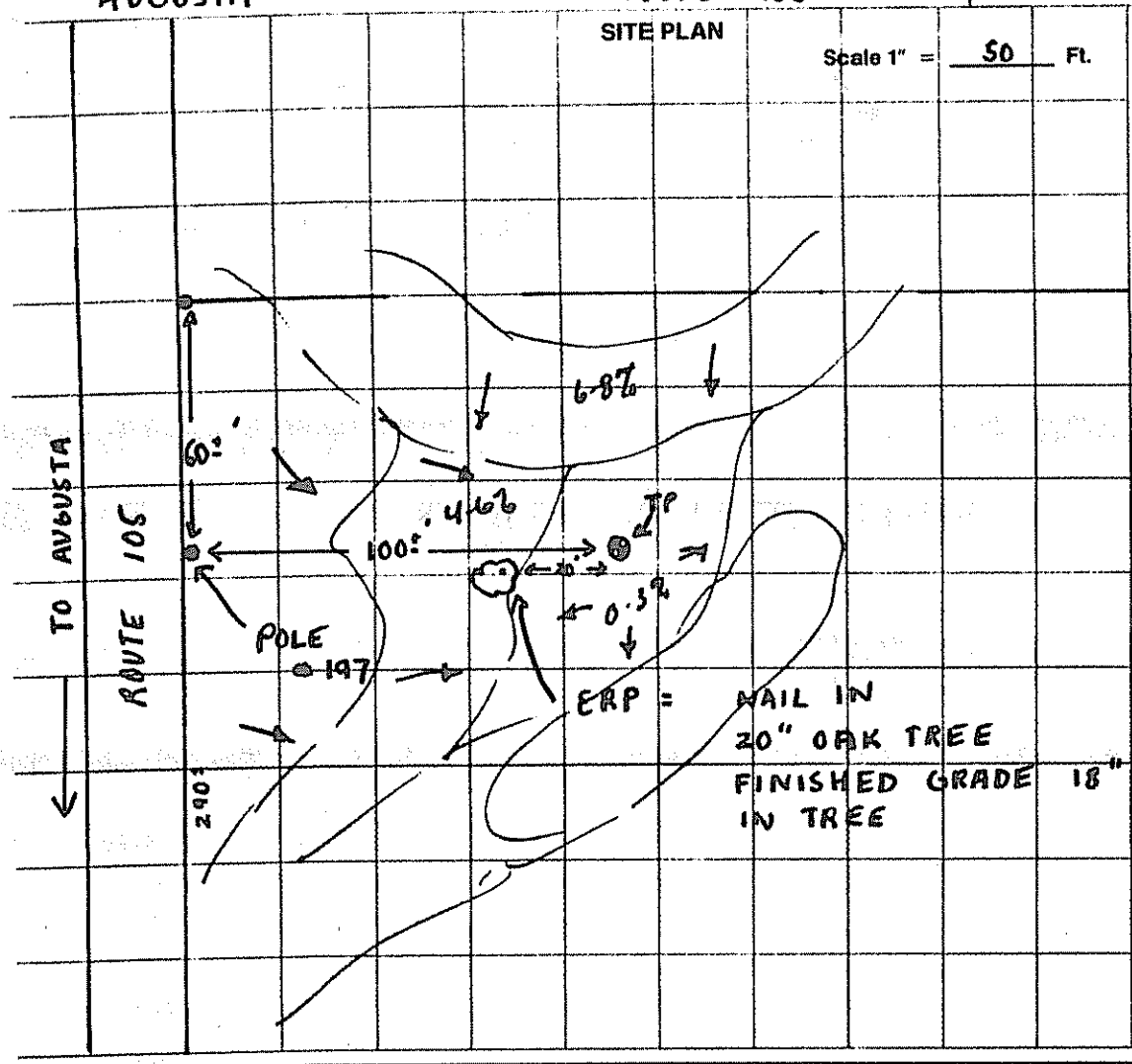
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: ROUTE 105

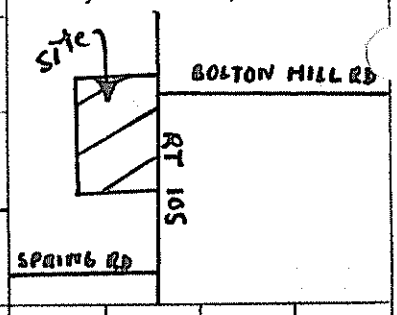
Owners Name: LEROY GOODRICH

## 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

_____" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches): 0, 6, 10, 15, 20, 30, 40, 50

| Texture | Consistency | Color | Mottling |
|---|---|---|---|
| 32" | BROWN TO REDDISH BROWN COARSE SANDY LOAM | | |

| Soil | Classification | Slope | Limiting Factor | |
|---|---|---|---|---|
| 3 (Profile) | C (Condition) | 0-3 % | 24 | ☑ Ground Water ☑ Restrictive Layer ☐ Bedrock |

Observation Hole _____ ☐ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches): 0, 6, 10, 15, 20, 30, 40, 50

| Texture | Consistency | Color | Mottling |
|---|---|---|---|
| | | | |

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

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

65
SE# / PE#

7/3/83
Date

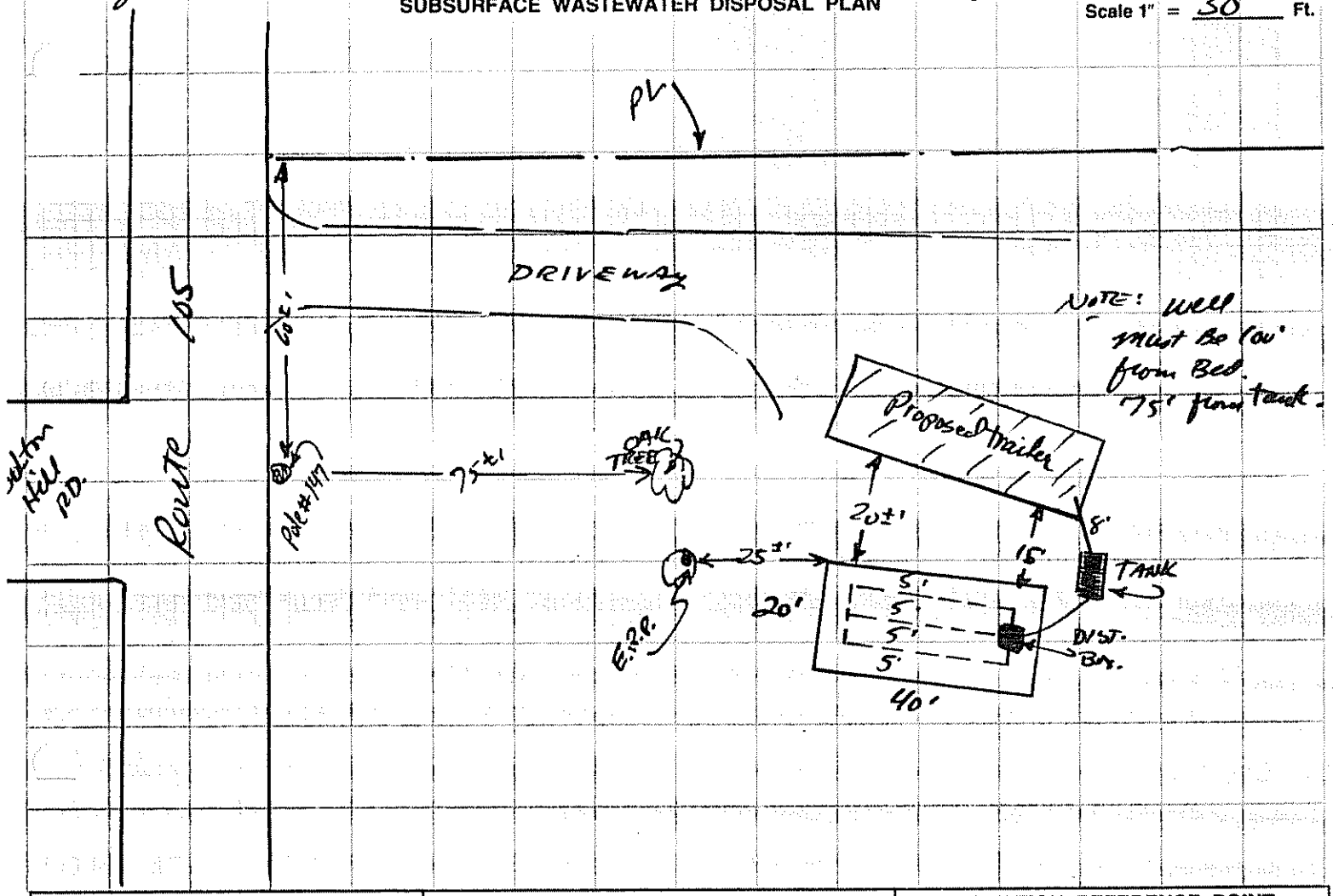
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: Augusta
Street, Road, Subdivision: Route 105
Owners Name: Leroy Goodrich

## SUBSURFACE WASTEWATER DISPOSAL PLAN

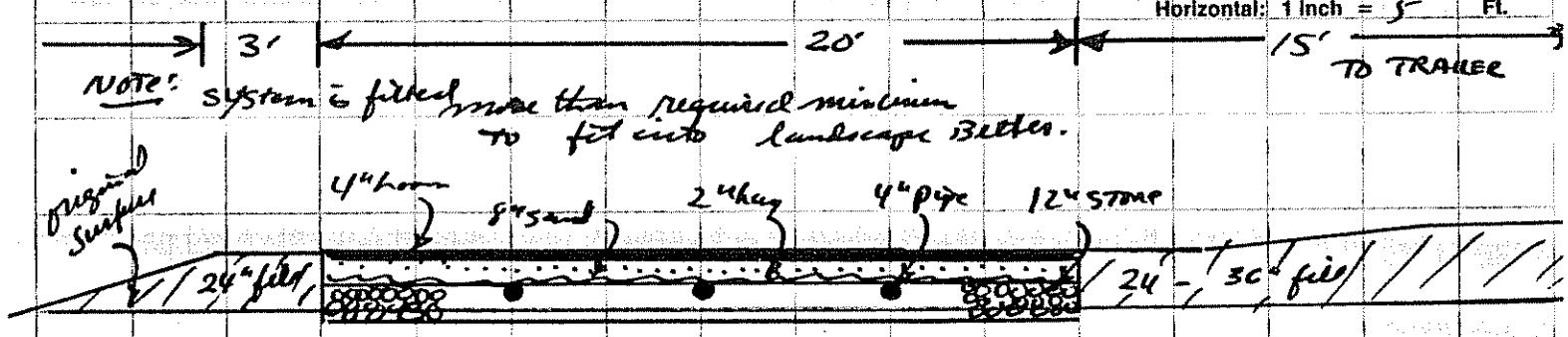
Scale 1" = 30 Ft.




| FILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | | ELEVATION REFERENCE POINT LOCATION & DESCRIPTION |
|---|---|---|---|---|
| Depth of Fill (Upslope) | 24+" | Reference Elevation is | Nail in pine tree | Nail in Base of 10" pine tree |
| Depth of Fill (Downslope) | 24+" | Bottom of Disposal Area | 36" Below | Finished grade 12" Below Nail |
| | | Top of Distribution Lines or Chambers | 24" Below | |

## DISPOSAL AREA CROSS SECTION

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




NOTE: moved Bed slightly therefore Page 3 was re-drawn 9/15/83 SGY.

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

65
SE # / PE #

9/15/83
Date