# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

M 11 L 207

AUGUSTA PERMIT # 247 TOWN COPY

Date Permit Issued: 6/29/84 $ 140.00 FEE ☐ If Double Fee Charged

Robert St Pierre
Local Plumbing Inspector Signature

L.P.I. # 1617

## PROPERTY ADDRESS

| | |
|---|---|
| Town Or Plantation | Augusta |
| Street Subdivision Lot # | Spring Road |

## PROPERTY OWNERS NAME

Last: Morrissette First: Raymond

| | |
|---|---|
| Applicant Name: | Same |
| Mailing Address of Owner/Applicant (If Different) | Spring Road Augusta Me |

## 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.*

Raymond Morrissette
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.*

Robert St Pierre — 6/29/84
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 N/A

THE FAILING SYSTEM IS:

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

### DISPOSAL SYSTEM TO SERVE:

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

SIZE OF PROPERTY: 35 At

ZONING: N/A

TYPE OF WATER SUPPLY: Prop 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.)

Single Family Dwelling

2 Bedrooms

Table 7-1

DESIGN FLOW: Moderate Flow 240 (GALLONS/DAY)

### SOIL CONDITIONS USED FOR DESIGN PURPOSES

| PROFILE | CONDITION |
|---|---|
| B | C |

DEPTH TO LIMITING FACTOR: 18

### SIZE RATINGS USED FOR DESIGN PURPOSES

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

### DISPOSAL AREA TYPE/SIZE

1. ☒ BED 1000 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

## SITE EVALUATOR STATEMENT

(☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

On 6-13-84 (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.

Gerald C Poulin — Site Evaluator or Professional Engineer's Signature
79 — SE# / PE#
6-13-84 — Date

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

City

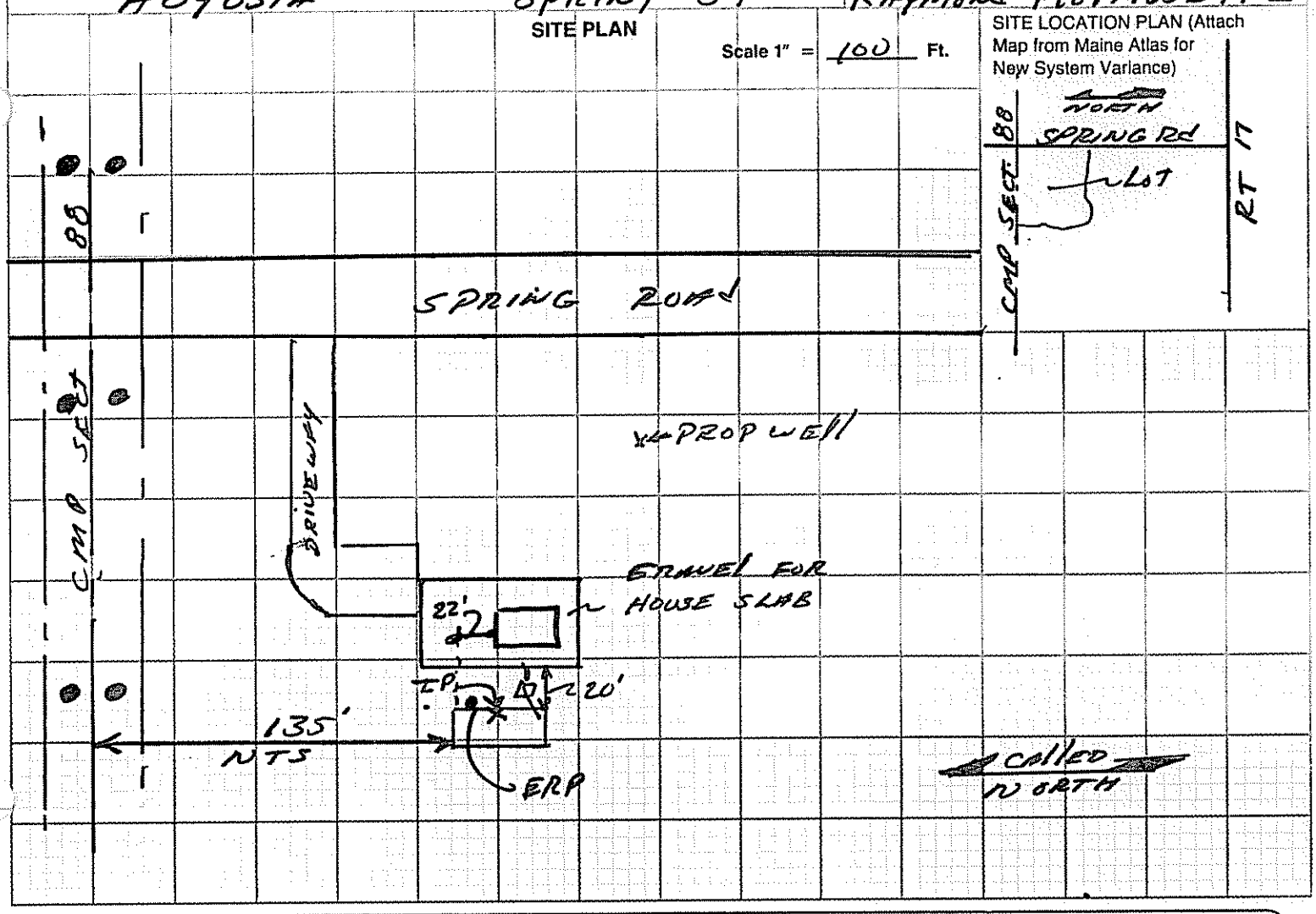
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION — Division of Health Engineering

Town, City, Plantation: Augusta

Street, Road, Subdivision: Spring ST

Owners Name: Raymond Morrissette

SITE PLAN — Scale 1" = 100 Ft.




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

Observation Hole 1 ☑ Test Pit ☐ Boring

0 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

| Depth | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–6 | silty loam | Loose | Dark Brow | |
| 6–20 | Loamy silt | Friable | olive Brown | Few Common |
| 20–40 | | ledge > 40" | | |

| Soil | Classification | Slope | Limiting Factor | |
|---|---|---|---|---|
| B (Profile) | C (Condition) | 8 % | 18" | ☒ Ground Water ☐ Restrictive Layer ☐ Bedrock |

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

| Depth | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–50 | | | | |

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

Gerald C Paulin — Site Evaluator or Professional Engineer's Signature

79 — SE# / PE#

6-13-84 — Date

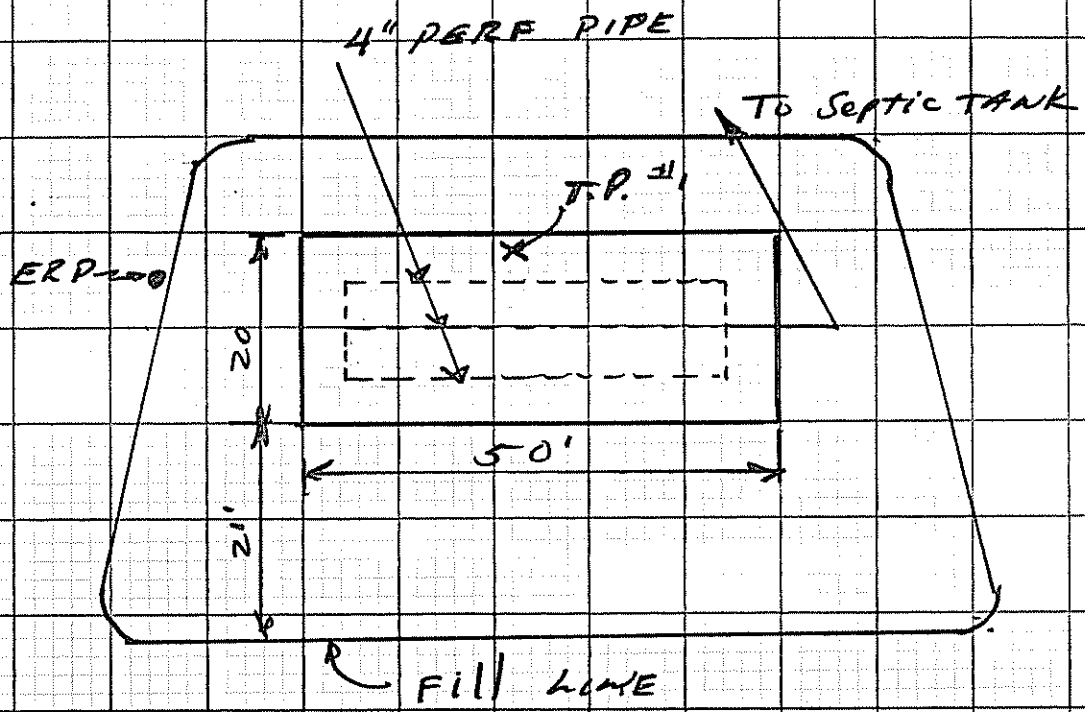
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

| Town, City, Plantation | Street, Road, Subdivision | Owners Name |
|---|---|---|
| Augusta | Spring Road | Raymond Morrissette |

## SUBSURFACE WASTEWATER DISPOSAL PLAN

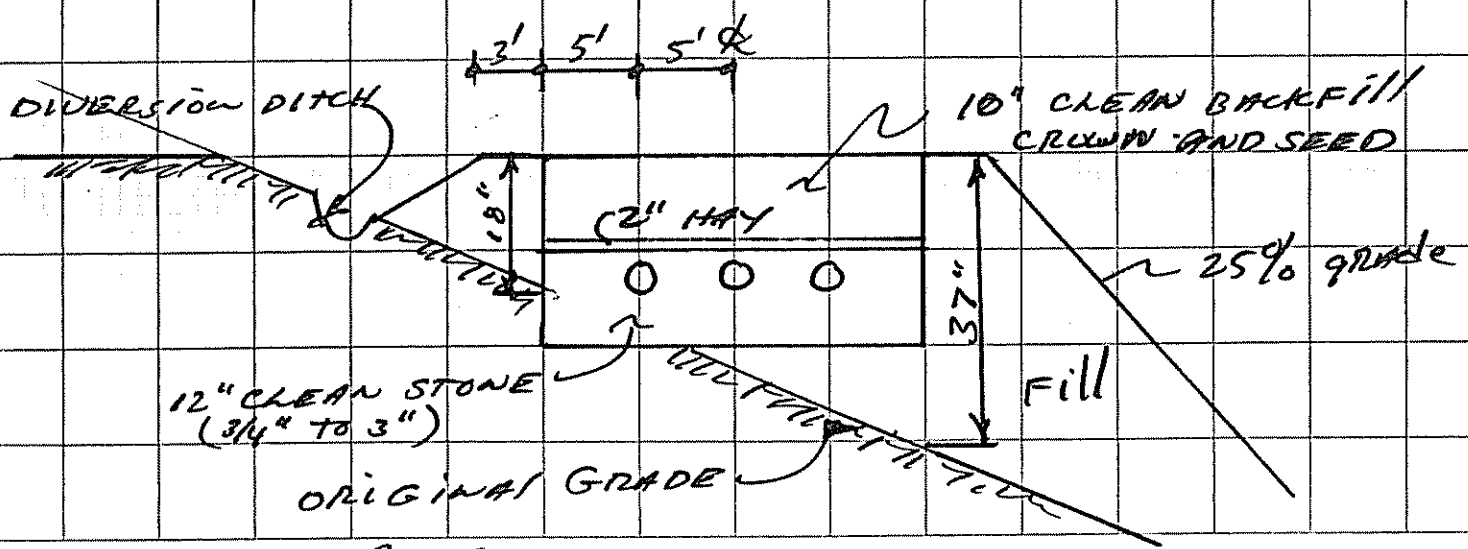
Scale 1" = _____ Ft.




| FILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | | ELEVATION REFERENCE POINT LOCATION & DESCRIPTION |
|---|---|---|---|---|
| Depth of Fill (Upslope) | 18" | Reference Elevation is | 0" | ERP - Nail in Stake |
| Depth of Fill (Downslope) | 37" | Bottom of Disposal Area | -24" | Elev = Elev top of system |
| | | Top of Distribution Lines or Chambers | -13" | |

## DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 2' Ft.
Horizontal: 1 Inch = 10 Ft.

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Site Evaluator or Professional Engineer's Signature

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