

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: Augusta

Street: Pleasant Hill Rd

Division Lot #: _____

PROPERTY OWNERS NAME

Last: Prescott First: Lucy

Applicant Name: Box 1557, Pleasant Hill Rd

Mailing Address of Owner/Applicant (If Different): Augusta Me 04330

0140 AUGUSTA *** 11020 ***

Date Permit Issued: 10/28/83

FEE: \$ 40 If Double Charged

L.P.I. #: 16617

Local Plumbing Inspector Signature: Robert B. St Pierre

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.

Signature of Owner/Applicant: Lucy Prescott 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:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
- Requires only Local Plumbing Inspector Approval
- Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (Includes Alternative Toilet)
- ENGINEERED (+ 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED: 1946

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: _____

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER: _____ SPECIFY _____

TYPE OF WATER SUPPLY

City Water

SIZE OF PROPERTY: 23,625 ft²

ZONING: Residential

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: _____

PUMPING (SHOULD NOT BE)

- NOT REQUIRED
- MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

2 Bedroom

Note: water records indicate less than 80 g.p.d. used now.

DESIGN FLOW: 180 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
<u>3/2</u>	<u>C/A</u>

DEPTH TO LIMITING FACTOR: none in 48"

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- BED 600 Sq. Ft.
- CHAMBER _____ Sq. Ft.
- TRENCH _____ Linear Ft.
- OTHER: _____

REGULAR H-20

SITE EVALUATOR STATEMENT

On 10-25-83 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules.

Signature of Site Evaluator: Stephen E. Goodwin SE# / PE# 65 Date: 10/26/83

Local Plumbing Inspector Signature if a Local Site Evaluation Waiver under a Local Option: City

SITE EVALUATION WAIVED BY LOCAL OPTION

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

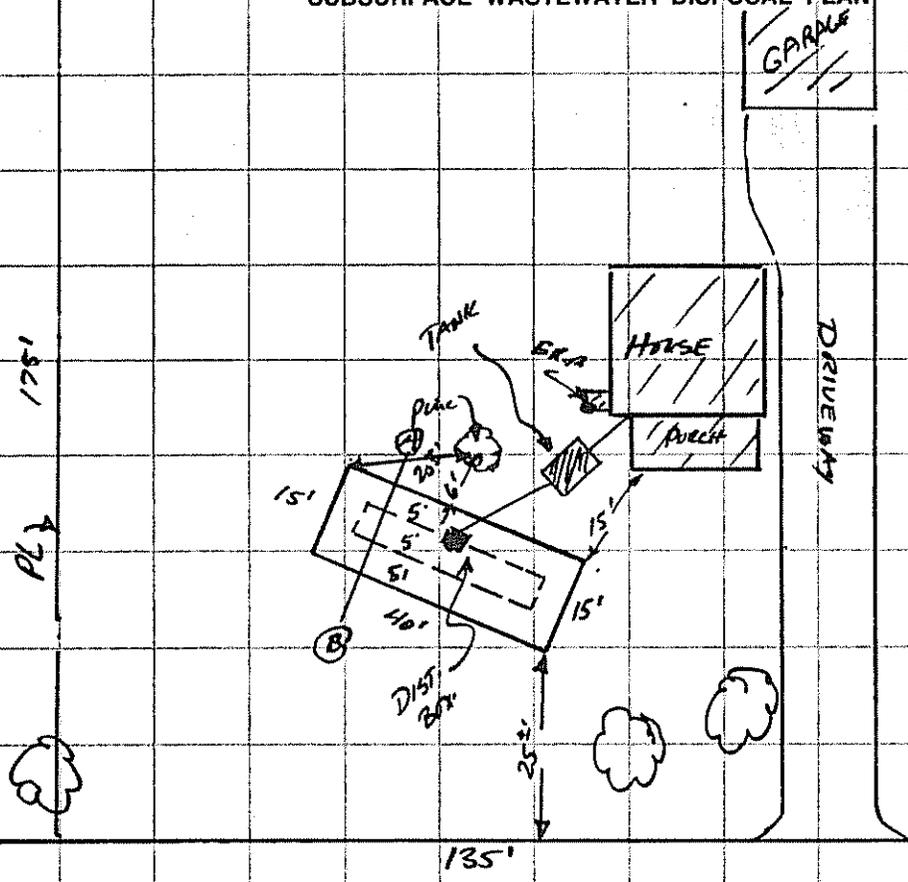
Augusta

Pleasant Hill Rd.

Lucy Prescott

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 30 Ft.



NOTE: Tank maybe low enough to get gravity feed without lifting plumbing inside. would have to check elev. from bed back to house in order to maintain 1/4" / foot drop.

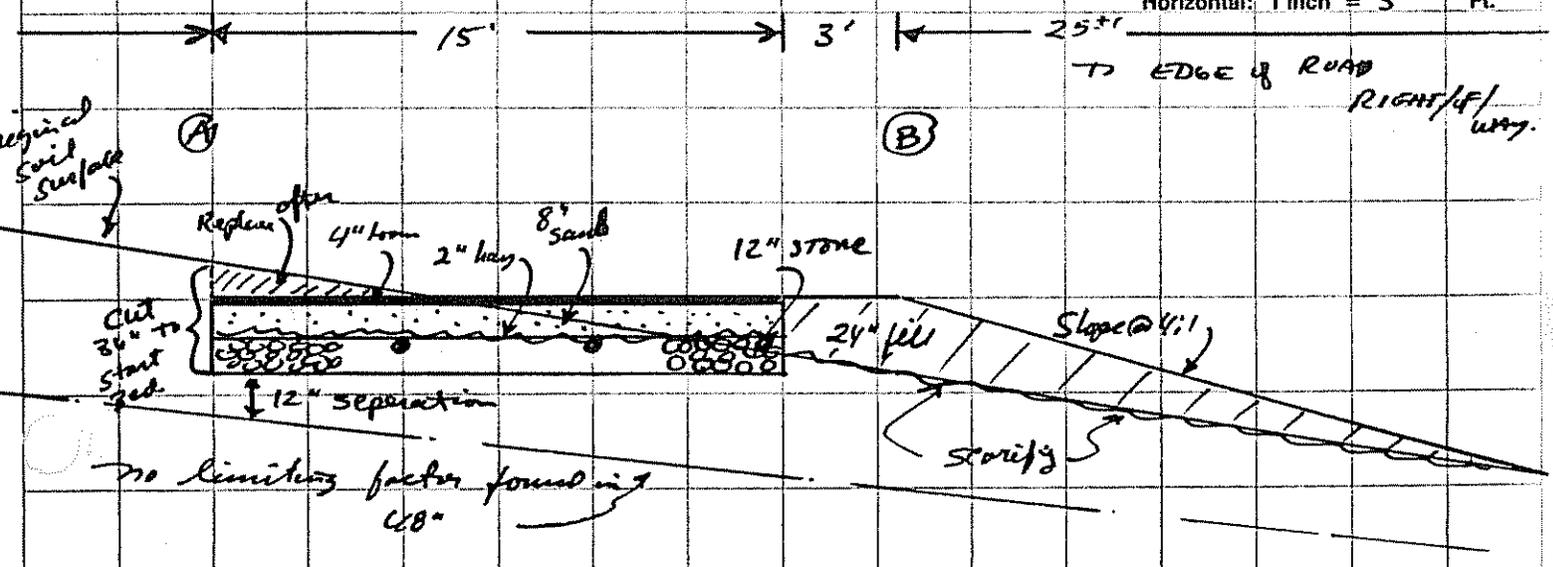
Pleasant Hill Rd.
TO Route 17

FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <i>Cut 36"</i>	Reference Elevation is <i>Corner of Bulkhead</i>	<i>Finish grade of Beed = 68"</i> <i>Below corner on Bulkhead.</i>
Depth of Fill (Downslope) <i>fill 24"</i>	Bottom of Disposal Area <i>84" Below "</i>	
	Top of Distribution Lines or Chambers <i>72" Below "</i>	

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 #

10/26/83
Date

30.1.12

COMMUNICATIONS



The following information is being provided for your information.
 It is requested that you advise the undersigned of any changes
 to the above information.
 Yours faithfully,
 [Signature]
 [Name]
 [Address]
 [City]
 [Postcode]

Replacement System Variance Request

LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an Application for the proposed replacement system which is in noncompliance with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements with LPI approval limitations can be met.

1. The replacement system is correcting a malfunction or an unlicensed wastewater discharge system.
2. A replacement system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system does not conflict with Seasonal Conversion Permit (30 MRSA § 3223) or with Mandatory Shoreland Zoning (12 MRSA § 4811).
6. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

GENERAL INFORMATION

Town of Augusta, Maine

Town Code

Permit No. E

Date Permit Issued _____
month/day/yr.

Property Owner's Name: Lucy Prescott Tel. No. _____

System's Location: 45 Pleasant Hill Rd
Street

Augusta MAINE 04330
Town Zip

Property Owner's Address:
(if different from above) Box 1557 Pleasant Hill Rd.
Street

Augusta State Zip

Specific Instructions to the:

LPI: If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before Issuing a Permit. (See reverse side for Comments Section and your signature)

Site Evaluator: If after completing the Application, you find that a variance for the proposed replacement system is needed, then complete the Replacement Variance Request with your signature on reverse side of form.

Property Owner: It has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

The Owner shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

X _____
Property Owner's Signature

X _____
Date

