M14 L26

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: AUGUSTA

Street Subdivision Lot #: 45 LYNN ROAD

PROPERTY OWNERS NAME

Last: DANIEL First: STEVE

Applicant Name:

Mailing Address of Owner/Applicant (If Different): RFD 2 LYNN ROAD AUGUSTA ME 04330

AUGUSTA Caution: Permit Required 2712 TOWN COPY

Date Permit Issued: 7/14/93 $ 160 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 1872

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: Steve Daniel Date: 6/24/93

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: 1872 Date Approved: 8/3/93

PERMIT INFORMATION

THIS APPLICATION IS FOR:
1. ☒ NEW SYSTEM
2. ☐ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ EXPERIMENTAL SYSTEM

SEASONAL CONVERSION
to be completed by the LPI
5. ☐ SYSTEM COMPLIES WITH RULES
6. ☐ CONNECTED TO SANITARY SEWER
7. ☐ SYSTEM INSTALLED – P# _____
8. ☐ SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED _____
THE FAILING SYSTEM IS:
1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

THIS APPLICATION REQUIRES:
1. ☒ NO RULE VARIANCE
2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form
3. ☐ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
a. ☐ Requiring Local Plumbing Inspector Approval
b. ☐ Requires State and Local Plumbing Inspector Approval
4. ☐ MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:
1. ☒ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

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 _____ GAL
6. ☐ ALTERNATIVE TOILET (ONLY)
7. ☐ NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

SIZE OF PROPERTY: 4± ACRES

ZONING: —

TYPE OF WATER SUPPLY: PROPOSED DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☒ SEPTIC: ☒ Regular OR ☒ 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.)
THREE BEDROOM SINGLE FAMILY DWELLING

DESIGN FLOW: 270 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES
PROFILE: 3 CONDITION: C
DEPTH TO LIMITING FACTOR: 17

SIZE RATINGS USED FOR DESIGN PURPOSES
1. ☐ SMALL
2. ☐ MEDIUM
3. ☒ MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE
1. ☒ BED 900 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

TE EVALUATOR STATEMENT – Design subject to local, state and federal ordinances.

On 5/16/93 (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.

Site Evaluator Signature: _____ SE#: 168 Date: 5/19/93

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

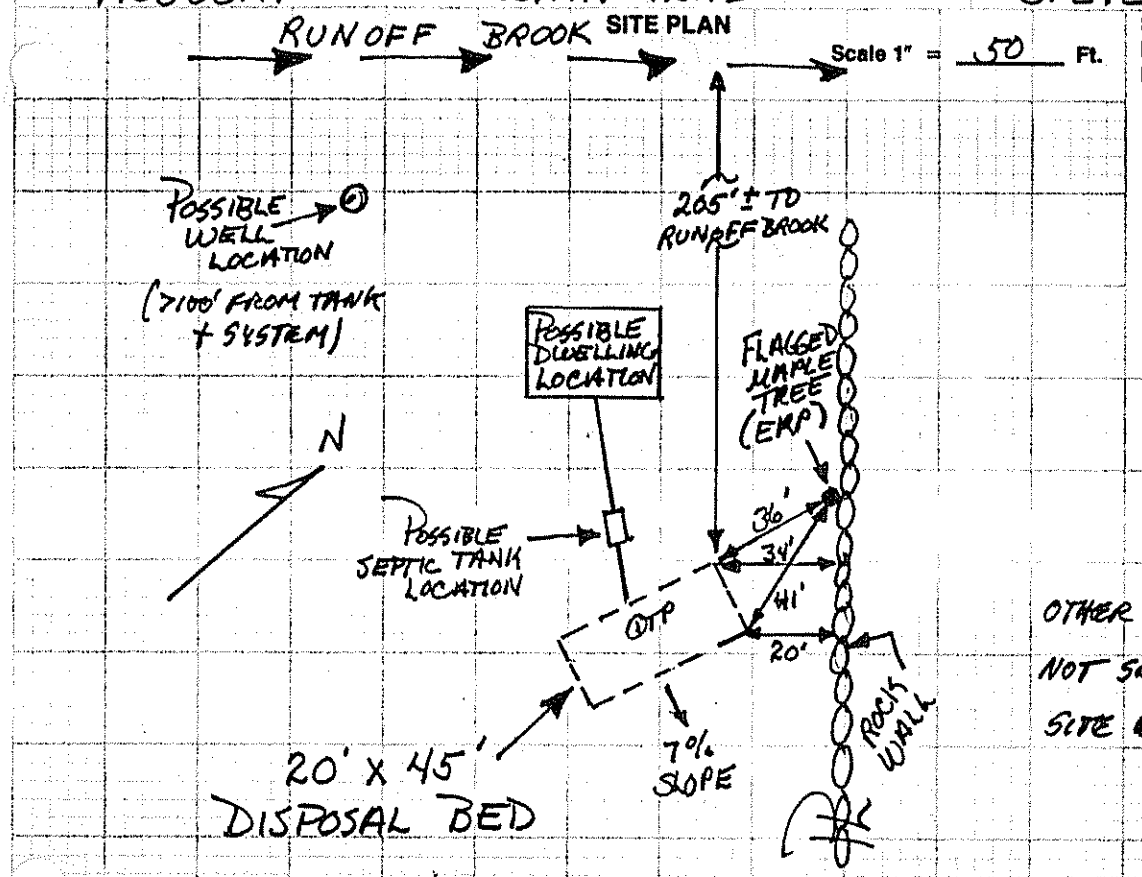
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

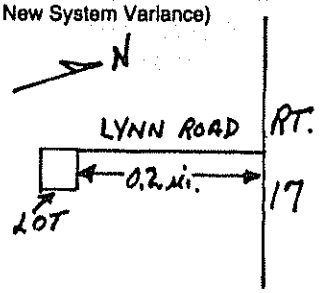
Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: LYNN ROAD
Owners Name: STEVE DANIEL

SITE PLAN

Scale 1" = 50 Ft.



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



OTHER PROPERTY LINES NOT SET AT TIME OF SITE EVALUATION.

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

Observation Hole TP 1 ☒ Test Pit ☐ Boring

ONE " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling
SANDY LOAM	FRIABLE	BROWN	
		YELLOW BROWN	
		TAN	COMMON DISTINCT
	FIRM	GRAY BROWN	

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	C (Condition)	7 %	17"	☒ 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

John W. Ford Jr.
Site Evaluator Signature

168
SE#

5/19/93
Date

HHE-200 Rev. 1/84

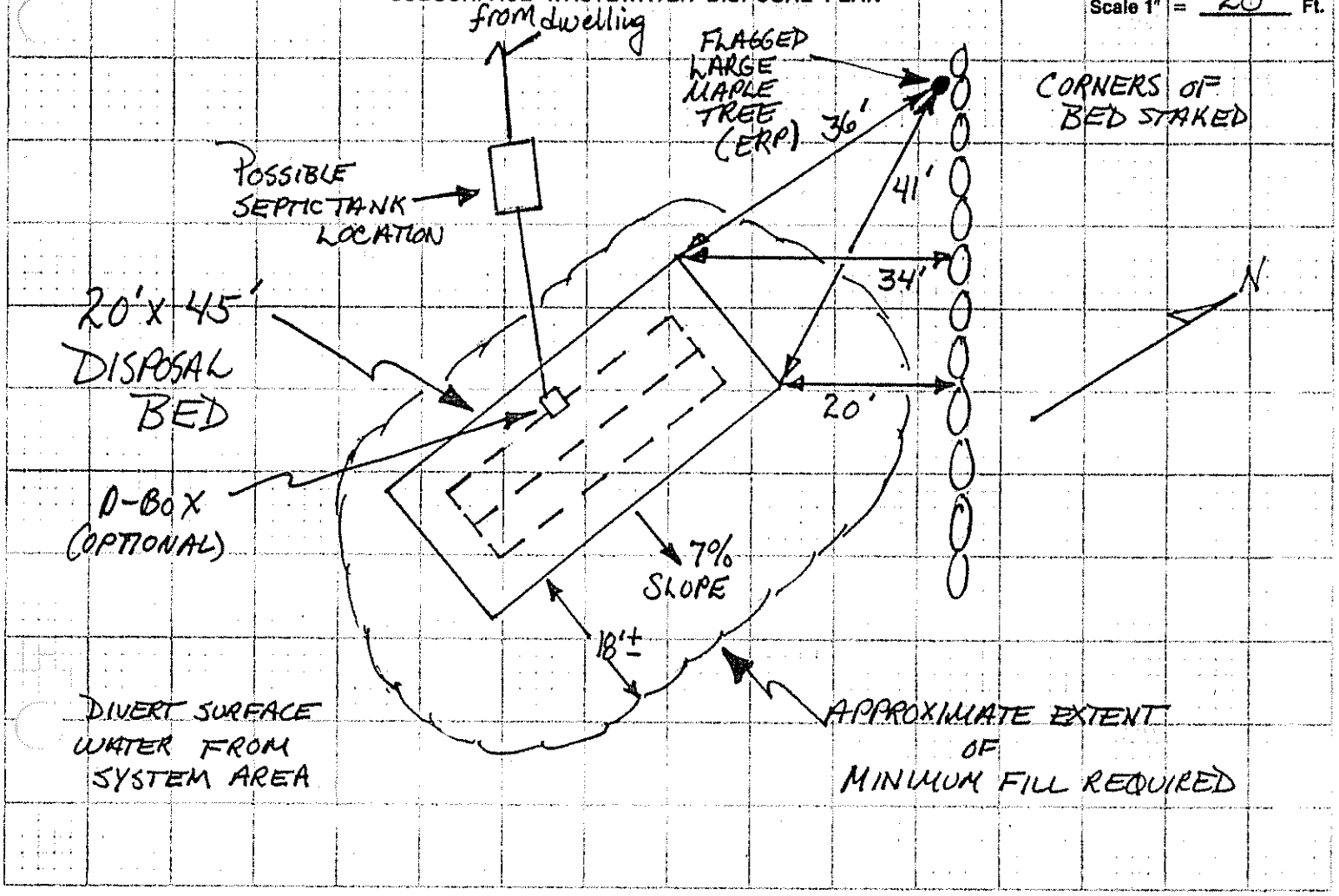
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	LYNN ROAD	STEVE DANIEL

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 19"
Depth of Fill (Downslope) 35±"

CONSTRUCTION ELEVATIONS

Reference Elevation is 0
Bottom of Disposal Area -59"
Top of Distribution Lines ~~or Chambers~~ -48"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION (ERP)

FLAGGED NAIL IN FLAGGED MAPLE TREE ABOVE EXISTING GRADE AT TREE

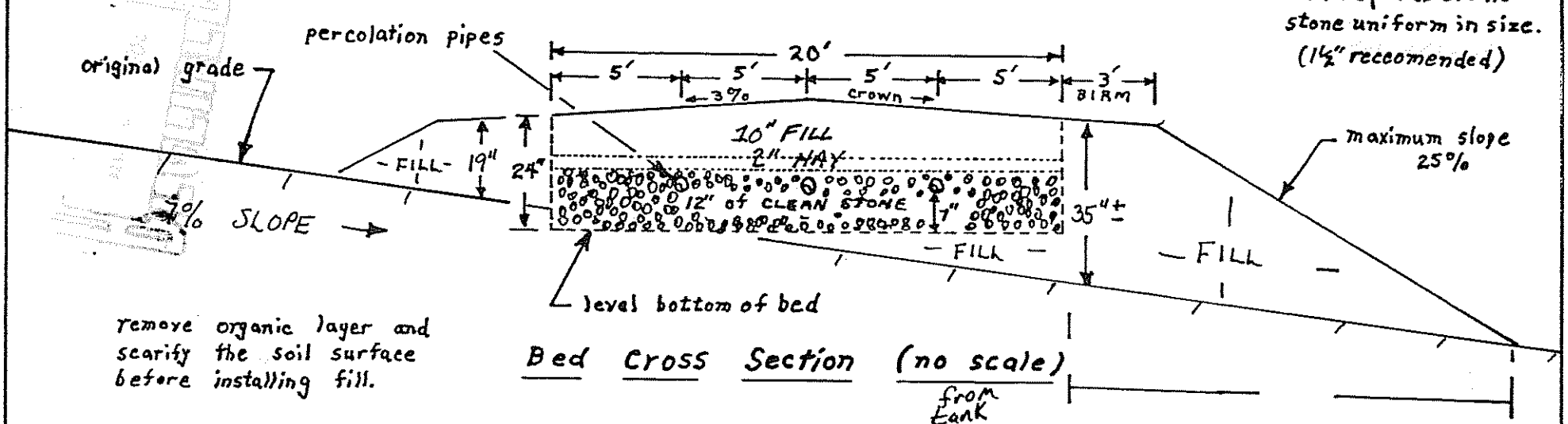
DISPOSAL AREA CROSS SECTION

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

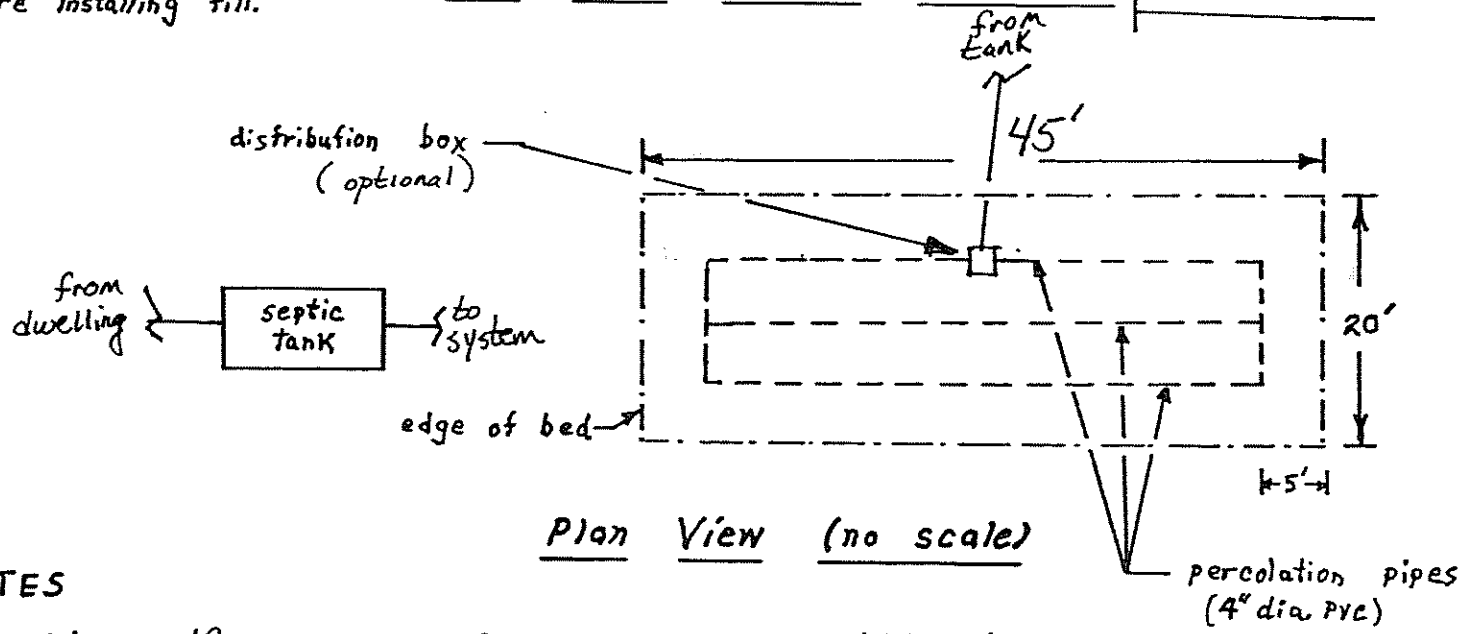
(SEE ATTACHED BED DIAGRAM)

Site Evaluator Signature	SE#	Date
[signature]	168	5/19/93

SEWAGE DISPOSAL BED DETAILS



Bed Cross Section (no scale)



Plan View (no scale)

NOTES

1.) 19 inches of fill is required at uphill side of bed.
2.) texture of fill shall be coarse sandy loam to loamy sand.
3.) refer to the MAINE STATE PLUMBING CODE, PART II for further details regarding installation procedures.

FOR: STEVE DANIEL

DATE: 5/19/93

BY: JOHN W. LORD, JR. S.E. #168