M 36L58

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 #	BUENA VISTA DRIVE

PROPERTY OWNERS NAME

Last: WILLETTE First: ROGER + GERALDINE

Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	27 BUENA VISTA DRIVE AUGUSTA ME 04330

Caution: Permit Required
Subsurface Wastewater Disposal Rules

AUGUSTA 2813 TOWN COPY

Date Permit Issued: 9 27 93 $ 45.00 FEE ☐ If Double Fee Charged

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

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 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 10/22/93 Date Approved

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# _____
☐ SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED 1973
THE FAILING SYSTEM IS:
1. ☐ BED 3. ☒ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

SIZE OF PROPERTY	ZONING
1± ACRE	RESIDENTIAL

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

TYPE OF WATER SUPPLY
EXISTING DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

EXISTING TREATMENT TANK
1. ☒ SEPTIC: ☐ Regular ☒ Low Profile
2. ☐ AEROBIC
SIZE: 1000 GALS.
SAVE+USE IF POSSIBLE

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	CONDITION
2	AIII

DEPTH TO LIMITING FACTOR: 20.

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: _____

SITE EVALUATOR STATEMENT - Design subject to local, state and federal ordinances.

On 9/10/93 + 9/16/93 (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 168 SE# 9-22-93 Date

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

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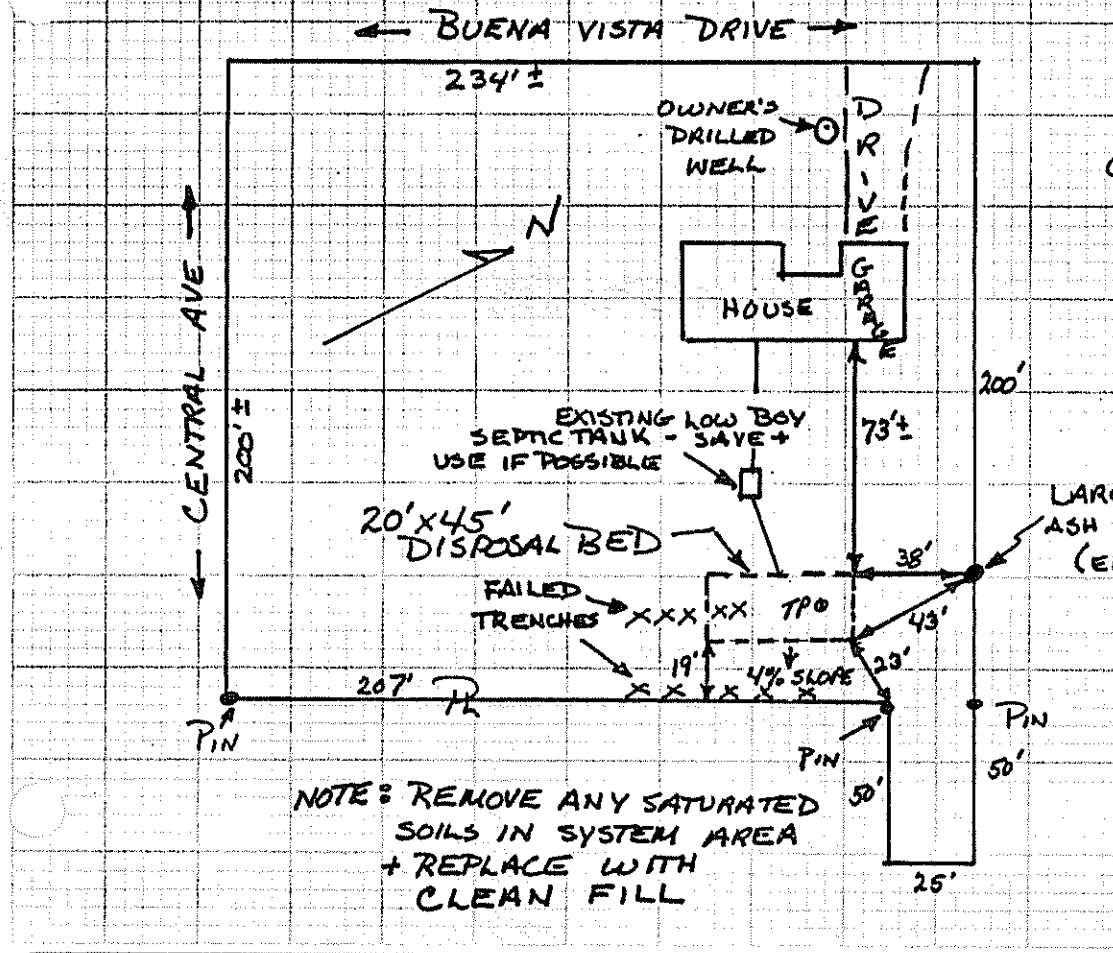
Division of Health Engineering

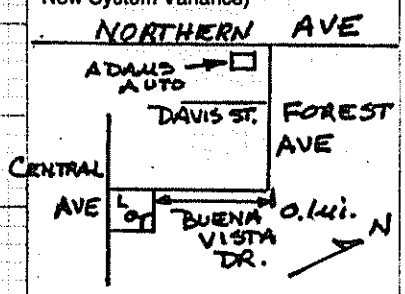
Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	BUENA VISTA DRIVE	ROGER + GERALDINE WILLETTE

SITE PLAN

Scale 1" = 60 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 TP1 ☒ Test Pit ☐ Boring

ONE" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	LOAM		BROWN	
6–10	SANDY		YELLOW	
10–15		FRIABLE	BROWN	
15–20	LOAM			
20–30			OLIVE	COMMON FAINT
30–40	BEDROCK			
40–0				

Soil	Classification	Slope	Limiting Factor	
2 (Profile)	A III (Condition)	4 %	20"	☒ 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
0–6				
6–10				
10–15				
15–20				
20–30				
30–40				
40–50				

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

Site Evaluator Signature

SE# 168

Date 9-22-93

HHE-200 Rev. 1/84

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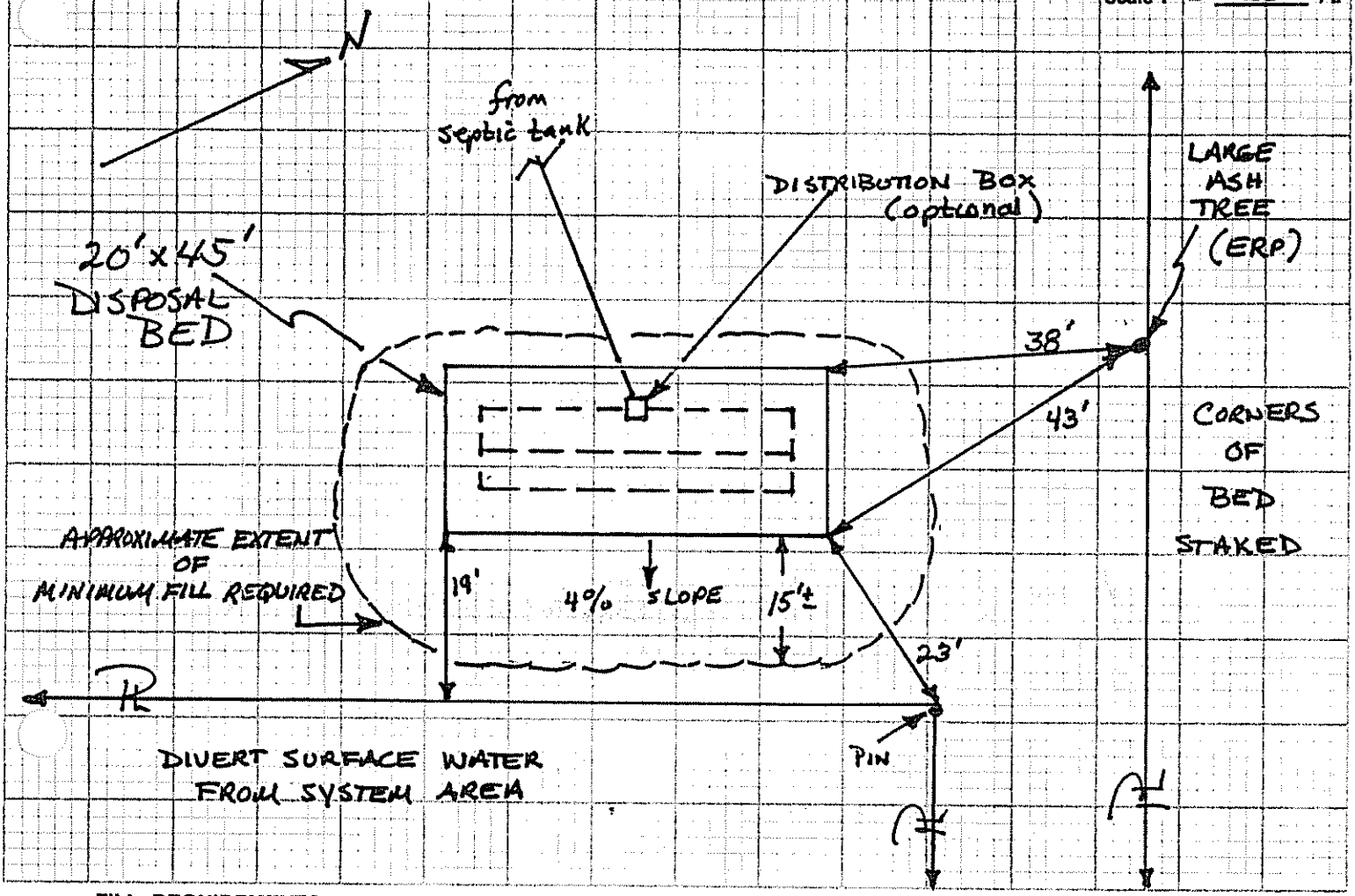
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope)	20"
Depth of Fill (Downslope)	30±"

CONSTRUCTION ELEVATIONS

Reference Elevation is	0
Bottom of Disposal Area	-52"
Top of Distribution Lines ~~or Chambers~~	-41"

ELEVATION REFERENCE POINT (ERP) LOCATION & DESCRIPTION

FLAGGED NAIL IN LARGE ASH TREE 36" ABOVE EXISTING GRADE AT TREE

DISPOSAL AREA CROSS SECTION

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

(SEE ATTACHED BED DIAGRAM)

John W. Ford Jr.
Site Evaluator Signature

168
SE#

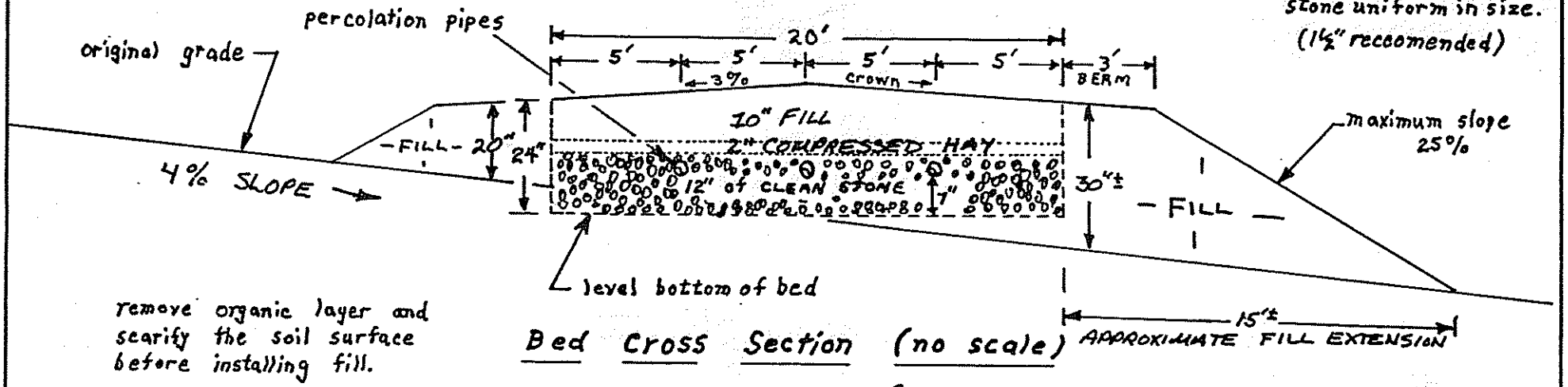
9-22-93
Date

HHE-200 Rev. 1/84

• SEWAGE DISPOSAL BED DETAILS •

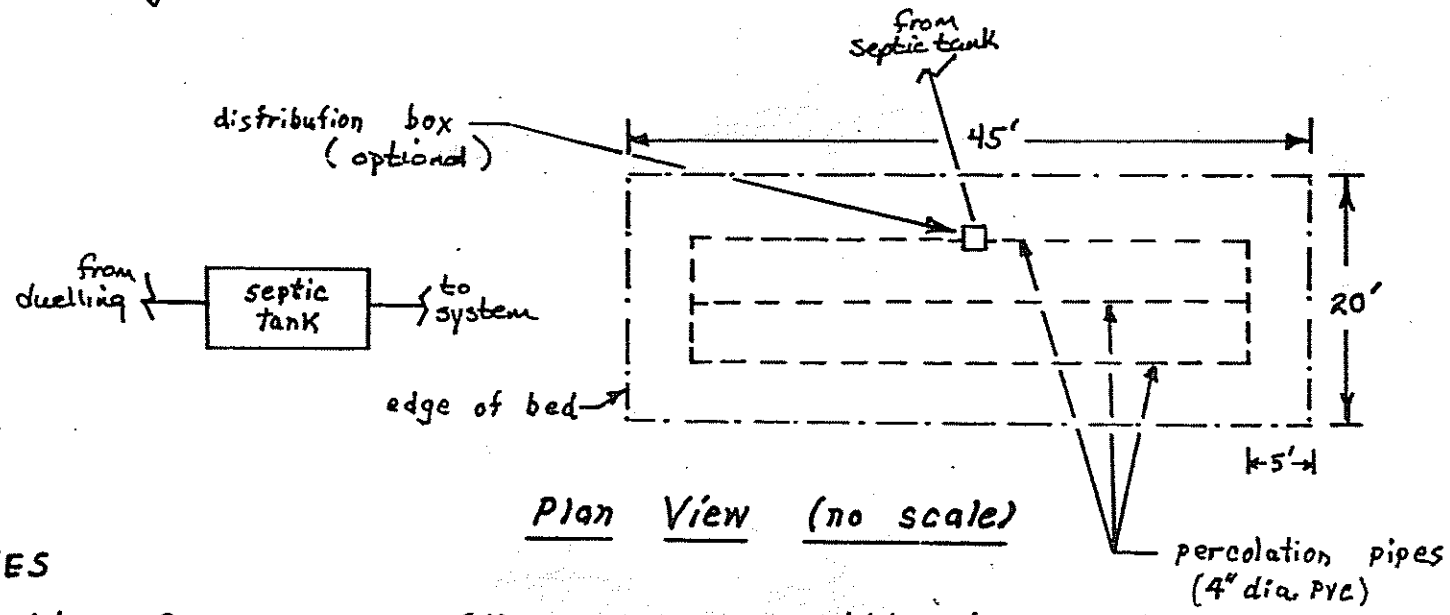
Loam mulch to cover.

bed requires clean stone uniform in size. (1½" recomended)



remove organic layer and scarify the soil surface before installing fill.

Bed Cross Section (no scale)



Plan View (no scale)

NOTES

1.) 20 inches of fill is required at uphill side of bed.
2.) texture of fill shall be coarse sandy loam to loamy sand, gravelly loamy coarse sand reccomend
3.) refer to the MAINE STATE PLUMBING CODE, PART II for further details regarding installation procedures.

FOR: ROGER + GERALDINE WILLETTE

DATE: 9-28-93

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