SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, SHS 11
(207) 287-5338 Fax (207) 287-3165

PROPERTY LOCATION

City, Town, or Plantation	Augusta
Street or Road	53 Blueberry Lane
Subdivision, Lot #	

>> Caution Permit Required -- Attach in Space Below <<

AUGUSTA PERMIT # 6394 TOWN COPY

Date Permit Issued: 12 14 09 $ 150.00 ☐ Double Fee Charged FEE

Local Plumbing Inspector Signature — L.P.I. # 1994

OWNER/APPLICANT INFORMATION

Name (last, first, MI): Lacharand, Victor ☑ Owner ☐ Applicant

Mailing Address of Owner/Applicant: Same

Daytime Tel. #: 623-8875

Municipal Tax Map # 36 Lot # 64

Owner or Applicant Statement

I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

Victor Lacharand 12-4-09
Signature of Owner or 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 Application

(1st) Date Approved

Local Plumbing Inspector Signature — (2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION

- ☐ 1. First Time System
- ☐ 2. Replacement System
- Type Replaced: _____
- Year Installed: _____
- ☐ 3. Expanded System
  - ☐ a. Minor Expansion
  - ☐ b. Major Expansion
- ☐ 4. Experimental System
- ☐ 5. Seasonal Conversion

THIS APPLICATION REQUIRES

- ☑ 1. No Rule Variance
- ☐ 2. First Time System Variance
  - ☐ a. Local Plumbing Inspector Approval
  - ☐ b. State & Local Plumbing Inspector Approval
- ☐ 3. Replacement System Variance
  - ☐ a. Local Plumbing Inspector Approval
  - ☐ b. State & Local Plumbing Inspector Approval
- ☐ 4. Minimum Lot Size Variance
- ☐ 5. Seasonal Conversion Approval

DISPOSAL SYSTEM COMPONENTS

- ☐ 1. Complete Non-engineered System
- ☐ 2. Primitive System (graywater & alt. toilet)
- ☐ 3. Alternative Toilet, specify: _____
- ☑ 4. Non-engineered Treatment Tank (only)
- ☐ 5. Holding Tank, _____ gallons
- ☐ 6. Non-engineered Disposal Field (only)
- ☐ 7. Separated Laundry System
- ☐ 8. Complete Engineered System (2000 gpd or more)
- ☐ 9. Engineered Treatment Tank (only)
- ☐ 10. Engineered Disposal Field (only)
- ☐ 11. Pre-treatment, specify: _____
- ☐ 12. Miscellaneous Components

SIZE OF PROPERTY

N/A sq. ft. ☐ acres

SHORELAND ZONING

☐ Yes ☑ No

DISPOSAL SYSTEM TO SERVE

- ☐ 1. Single Family Dwelling Unit, No. of bedrooms: 4
- ☐ 2. Multiple Family Dwelling, No. of Units: _____
- ☐ 3. Other: _____ (specify)

Current Use: ☐ Seasonal ☐ Year Round ☐ Undeveloped

TYPE OF WATER SUPPLY

☑ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private ☐ 4. Public ☐ 5. Other:

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3

TREATMENT TANK

- ☑ 1. Concrete
  - ☐ a. Regular
  - ☑ b. Low profile
- ☐ 2. Plastic
- ☐ 3. Other: _____

CAPACITY 1000 gallons

DISPOSAL FIELD TYPE & SIZE

- ☐ 1. Stone Bed ☐ 2. Stone Trench
- ☐ 3. Proprietary Device
  - ☐ a. Cluster array ☐ c. Linear
  - ☐ b. Regular load ☐ d. H-20 load
- ☐ 4. Other: _____

SIZE _____ ☐ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT

☑ 1. No ☐ 2. Yes ☐ 3. Maybe

If Yes or Maybe, specify one below:

- ☐ a. Multi-compartment Tank
- ☐ b. ____ Tanks in Series
- ☐ c. Increase in Tank Capacity
- ☐ d. Filter on Tank Outlet

DESIGN FLOW

_____ gallons per day

BASED ON:

- ☐ 1. Table 501.1 (dwelling unit(s)
- ☐ 2. Table 502.2 (other facilities)

SHOW CALCULATIONS -- for other facilities --

- ☐ 3. Section 503.0 (meter readings)

ATTACH WATER-METER DATA

SOIL DATA & DESIGN CLASS

PROFILE / CONDITION / DESIGN

at Observation Hole # _____

Depth _____" Elevation _____"

OF MOST LIMITING SOIL FACTOR

DISPOSAL FIELD SIZING

- ☐ 1. Small – 2.0 sq. ft./gpd
- ☐ 2. Medium – 2.6 sq. ft./gpd
- ☐ 3. Medium-Large – 3.3 sq. ft./gpd
- ☐ 4. Large – 4.4 sq. ft./gpd
- ☐ 5. Extra-Large – 5.0 sq. ft./gpd

EFFLUENT/EJECTOR PUMP

- ☐ 1. Not Required
- ☐ 2. May Be Required
- ☐ 3. Required

Specify only for engineered systems

DOSE: _____ gallons

LATITUDE AND LONGITUDE

at Center of Disposal Area

Lat. _____ d _____ m _____ s

Lon _____ d _____ m _____ s

If GPS, state margin of error: _____

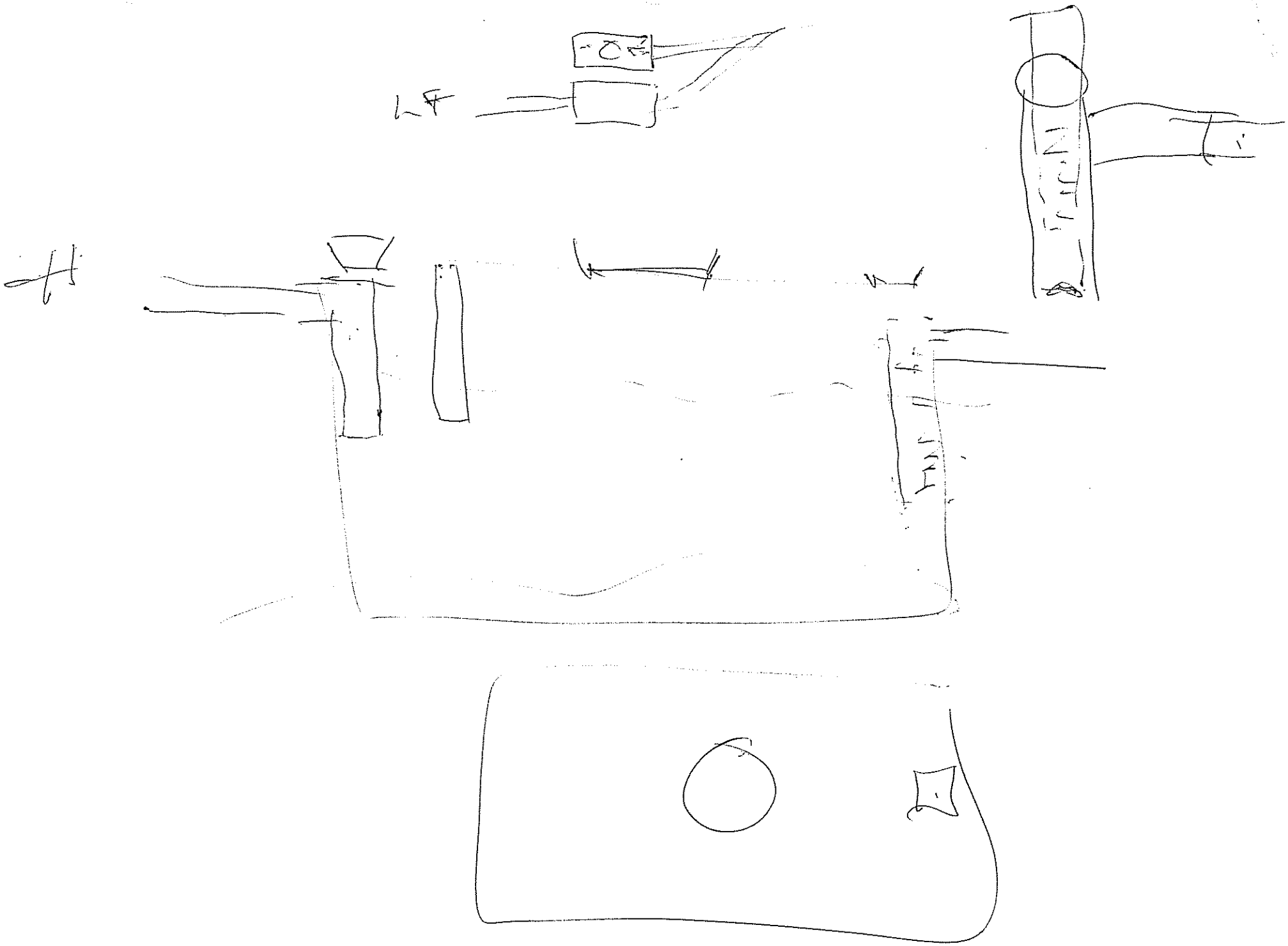
SITE EVALUATOR STATEMENT

I certify that on N/A (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature — SE # — Date

Site Evaluator Name Printed — Telephone # — Email Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.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