Boucher, Perley

Division of Health Engineering
Station No. 10
State House
Augusta, Maine 04333

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

HHE-200

This Is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

This Application Is For: (✓) New System ( ) Replacement Of Entire System ( ) Expanded System ( ) Replacement Of Disposal Area Only ( ) Conversion Permit

Variance: (✓) None Required ( ) New System Variance ( ) Replacement System Variance With: ( ) LPI Approval ( ) Dept. Review

PROPERTY LOCATION: Augusta (Town, Plantation) | Elm Street (Street, Road) | N/A (Subdivision Name) | N/A (Lot No.)

PROPERTY OWNER or APPLICANT: Perley Boucher

Mailing Address: 53 N. Belfast Ave. (Street) | 623-1673 (Tel. No.)

Augusta (Town) | Maine (State) | 04330 (Zip Code)

TYPE OF STRUCTURE, DESIGN FLOW

(✓) Single Family Dwelling — Number of Bedrooms 2 — Design Flow 240 GPD

Design Flow based on ( ) Minimum (✓) Moderate ( ) Conservative

( ) Reduction in Design Flow due to Water Conservation

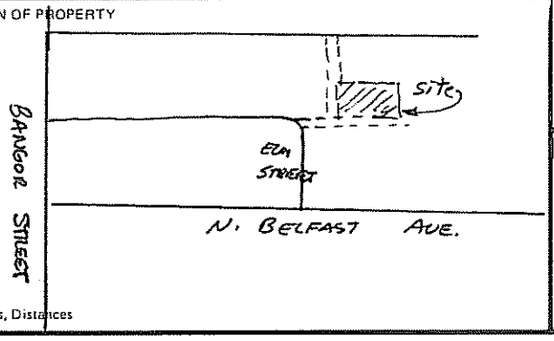
If so, specify type (s) _____

( ) Other Establishment. Specify _____ Type of Facility

N/A (Number of Employees, Seating Capacity, Building Size, etc.)

Design Flow _____ GPD — If greater than 2000 GPD, Specify Professional Engineer

LOCATION PLAN OF PROPERTY



Roads, Landmarks, Distances

PROPERTY INFORMATION

Area of Property 186' x 120' (✓) Sq. Ft. ( ) Acres (✓) Zoned ( ) Not Zoned

If zoned, type of zoning Residential

Property on Water Body, If so, Name of Water Body N/A

Water Supply is: ( ) Public Utility, (✓) Drilled Well proposed depth

( ) Dug Well _____ depth ( ) Well Point ( ) Spring ( ) Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

TEXTURAL DESCRIPTION EACH SOIL STRATS ENCOUNTERED

	Observation Hole No. 1	Observation Hole No. 2	Observation Hole No.
	(✓) Test Pit ( ) Boring	(✓) Test Pit ( ) Boring	( ) Test Pit ( ) Boring
	Organic Strata or (Existing Fill) 0" Thickness ___"	Organic Strata or (Existing Fill) 0" Thickness ___"	Organic Strata or (Existing Fill) Thickness ___"
	1st Original Mineral Soil Strata Depth from 0" to 26" Thickness Brown to yellowish	1st Original Mineral Soil Strata Depth from 0" to 26" Thickness Same	1st Original Mineral Soil Strata Depth from 0" to ___" Thickness ___"
	2nd Depth from ___" to ___" Thickness Sandy	2nd Depth from ___" to ___" Thickness ___"	2nd Depth from ___" to ___" Thickness ___"
	3rd Depth from ___" to ___" Thickness loam over clay.	3rd Depth from ___" to ___" Thickness ___"	3rd Depth from ___" to ___" Thickness ___"
	4th Depth from ___" to ___" Thickness ___"	4th Depth from ___" to ___" Thickness ___"	4th Depth from ___" to ___" Thickness ___"
	Total Depth of Observation Hole 26"	Total Depth of Observation Hole 26"	Total Depth of Observation Hole ___"
Depth from top of ORIGINAL MINERAL SOIL	Maximum Seasonal High Ground Water Table Depth 16" ( ) None evident	Maximum Seasonal High Ground Water Table Depth 18" ( ) None Evident	Maximum Seasonal High Ground Water Table Depth ___" ( ) None evident
	Depth to Restrictive Layer ( ) None evident 24"	Depth to Restrictive Layer ( ) None evident 24"	Depth to Restrictive Layer ( ) None evident ___"
	Depth to Bedrock (✓) None evident ___"	Depth to Bedrock ( ) None evident ___"	Depth to Bedrock ( ) None evident ___"

PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE
7	C	2-4%	7	C	2-4%			%

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2

TYPE OF SYSTEM
(✓) Combined System
( ) Separated System
If separated system, type of black waste disposal system to be used:
( ) Compost
( ) Pit Privy
( ) Sealed Vault Privy
( ) Other:
Specify: _____
( ) Separated Laundry System
( ) Primitive System
( ) Holding Tank

TREATMENT TANK
(✓) Septic Tank
( ) Aerobic Tank
Size 1000 Gals.

DOSAGE
(✓) Pumping is not required
( ) Pumping is required
The dose should be: _____ Gals.
Dosage chamber capacity shall be _____ gals.
( ) System should be vented

SUBSURFACE DISPOSAL AREA/TYPE
( ) Trench Disposal Area
Total linear feet of trench _____ ft.
Number of Trench lines _____ ft.
Length of each trench line N/A ft.
Depth of Stone _____ inches.
Reduction on trench length due to stone depth _____ %
(✓) Bed Disposal Area
Total bed area 800 sq. ft.
Number of beds 1
Width 20 ft. Length 40 ft.
( ) Chamber Disposal Area
Total chamber area N/A sq. ft.
Number of clusters _____
Width _____ ft. Length _____ ft.
( ) H-20 required

SYSTEM SIZE RATING
( ) Small ( ) Medium (✓) Medium Large ( ) Large ( ) Extra Large

DISPOSAL AREA ELEVATION
Depth of Upslope Fill required 18 inches.
Depth of Downslope Fill required 18 inches.
Reference Elevation Point established at ~~Fence~~ Paint on Small Tree. Elevation.
Disposal Area Bottom to be established at 36" Below Ribbon Elevation.
Top of Distribution Lines or Top of Chamber 24" Below " Elevation.

(✓) Yes ( ) No: The proposed subsurface disposal area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook stream, river), swamps, marshes, and bogs.

(✓) Yes ( ) No: The proposed subsurface disposal area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.

FOR USE BY SITE EVALUATOR
On 3/18/83 (date), a site investigation for this project was completed. I conducted this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.

Signature of Site Evaluator: Stephen E. Goodwin — Date signed April 10, 1983 — Site Evaluator License Number 65

FOR USE BY OWNER/APPLICANT
I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.

Signature of Owner/Applicant: Perley Boucher — Date Signed 4/22/83

FOR USE BY LPI: ( ) This Application is approved. If conditions, specify:
( ) This Application is Denied due to: ( ) System is not in accordance with Rules.
( ) Application is incomplete. ( ) Application is unclear. ( ) Development is in violation of other Regulations. Specify _____

Signature of LPI: Rachel R. Bickford — Date 4/22/83

PERMIT NO. 5 5 6 1 4 E

Date Issued 4/22/83

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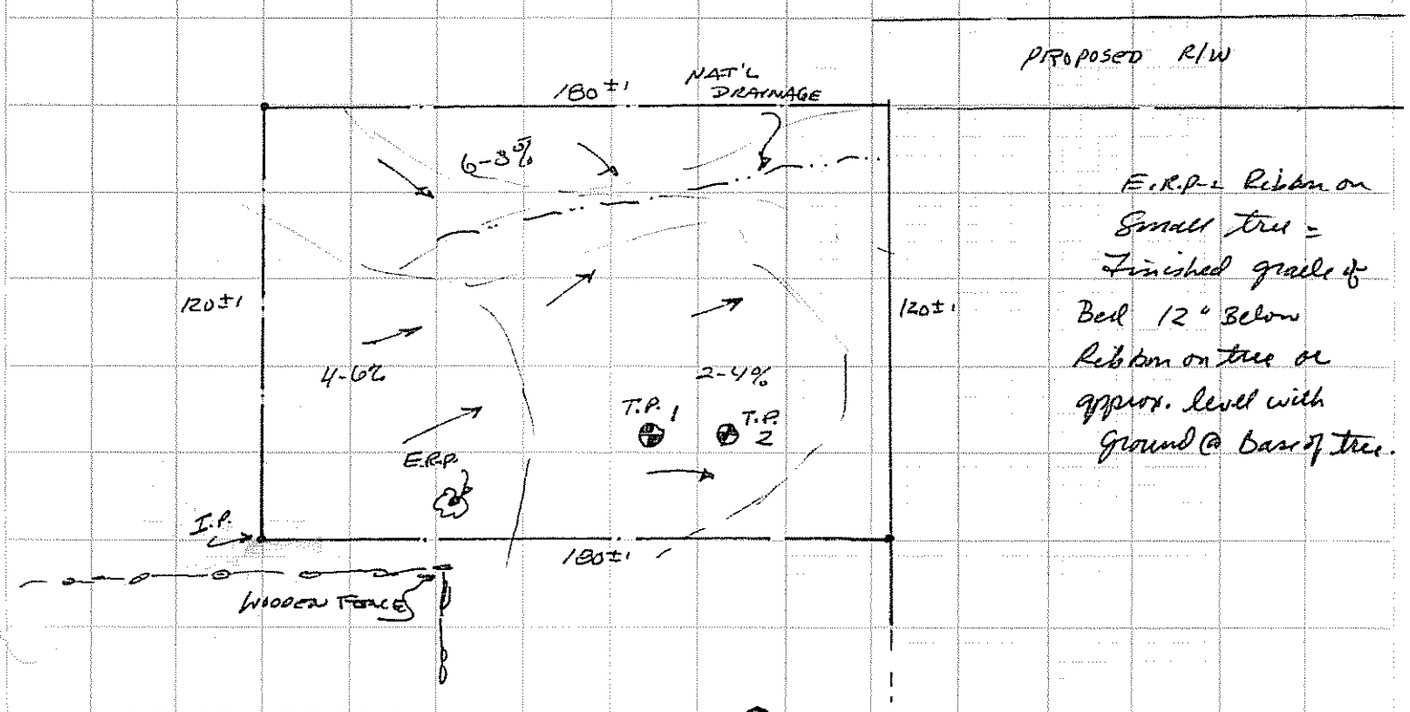
PROPERTY OWNER or APPLICANT: Perley Boucher	DISPOSAL AREA ELEVATION	Reference Elevation Point established at: Point on ~~Fence~~ Small Tree Elevation.	
	Depth of Upslope Fill required: 18 inches.	Disposal Area Bottom to be established at: 36" Below Ribbon Elevation.	
	Depth of Downslope Fill required: 18 inches.	Top of Distribution Lines or Top of Chambers: 24" Below " Elevation.	

Site Plan

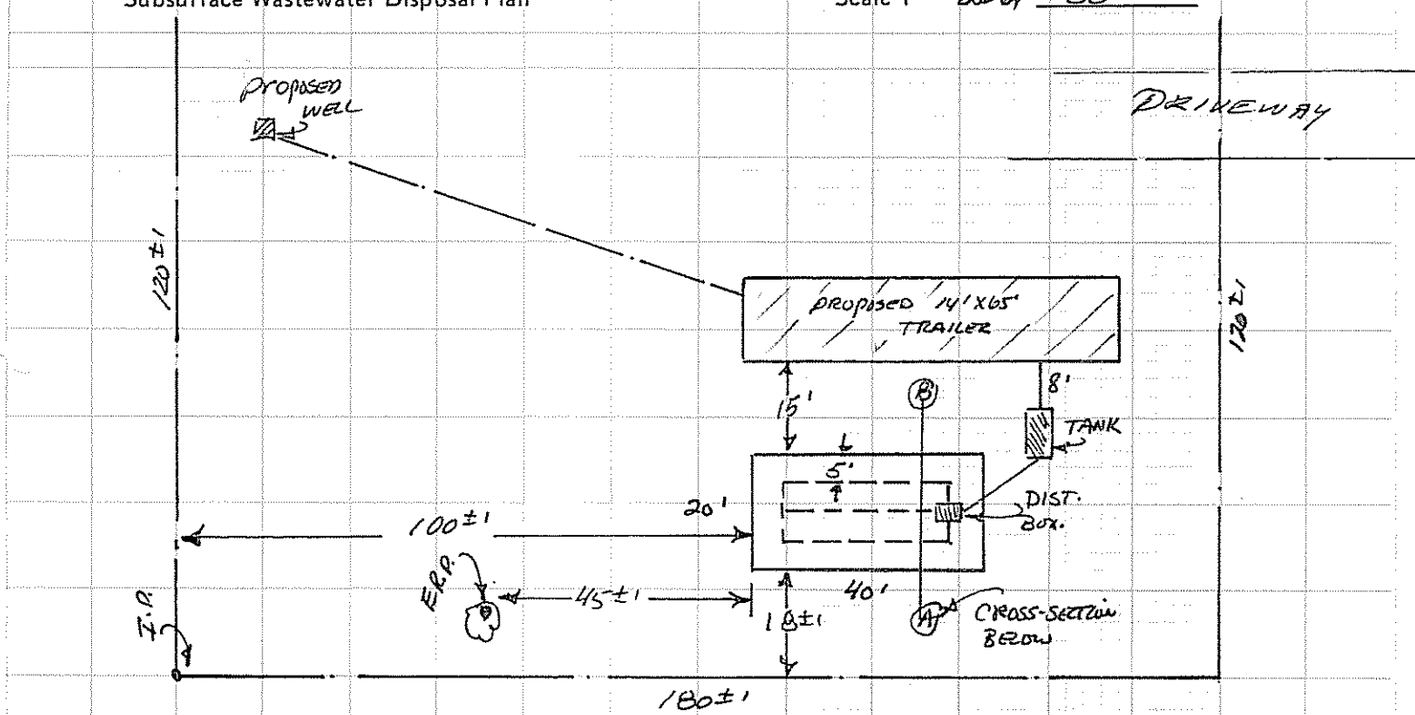
Scale 1" = 50 ft.



● Designates Elevation Reference Point (ERP) ⊕ Designates Observation Hole (TP or B)

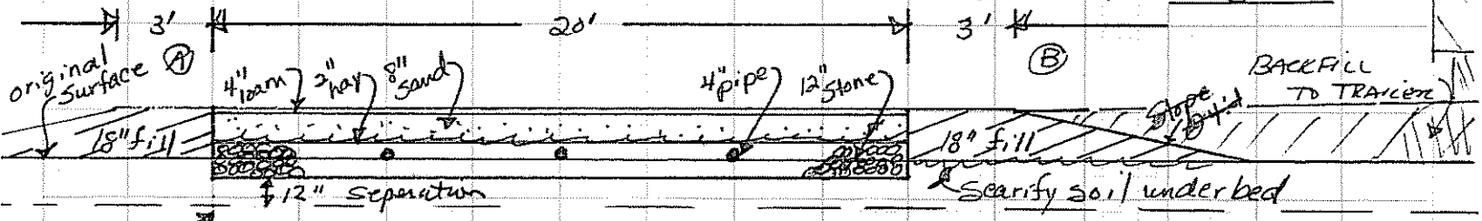
Subsurface Wastewater Disposal Plan

Scale 1" = ~~200 of~~ 30'



Subsurface Wastewater Disposal Area Cross-section

Scale: Vertical: 1" = 5'
Horizontal: 1" = 5'



Site Evaluators Signature: Stephen E. Goodwin
Date: April 10, 1983
License Number: 65