623-4446 Mat Webber

Contacted Tom 2-8-88 9:18

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Picked up 2-8-88

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Subdivision Lot #	Kennedy Road

PROPERTY OWNERS NAME

Last: Webber First: Ardena Grant

Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	R+ #2 Box 50 1 Kennedy Rd. Augusta, Me

AUGUSTA 1788 TOWN COPY

Date Permit Issued 12/1/89 $ 40 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 963

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.

X Ardena Grant Webber
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 2/3/91 Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. ■ NEW SYSTEM
2. ☐ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ SEASONAL CONVERSION
5. ☐ EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. ■ NO RULE VARIANCE REQUIRED
2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form
   ☐ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
3. ☐ Requires Local Plumbing Inspector Approval
4. ☐ Requires State and Local Plumbing Inspector Approval

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

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS:

1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER _____

DISPOSAL SYSTEM TO SERVE:

1. ☐ SINGLE FAMILY DWELLING
2. ■ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

SIZE OF PROPERTY: 1½ Ac.

ZONING: Shoreland

TYPE OF WATER SUPPLY

Well to be placed greater than 100' from System

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ■ SEPTIC: ■ Regular ☐ 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.)

Mobile

RECEIVED JUN 17 1987

DESIGN FLOW: 325 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
4	C

DEPTH TO LIMITING FACTOR: 30

SIZE RATINGS USED FOR DESIGN PURPOSES

1. ☐ SMALL
2. ☐ MEDIUM
3. ■ MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. ■ BED 600 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

☐ SITE EVALUATION WAIVED BY LOCAL OPTION

On 5-29-87 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I ~~proposed~~ is in accordance with the Subsurface Wastewater Disposal Rules.

Terry Adams 132 6-4-87

Site Evaluator Signature SE# Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

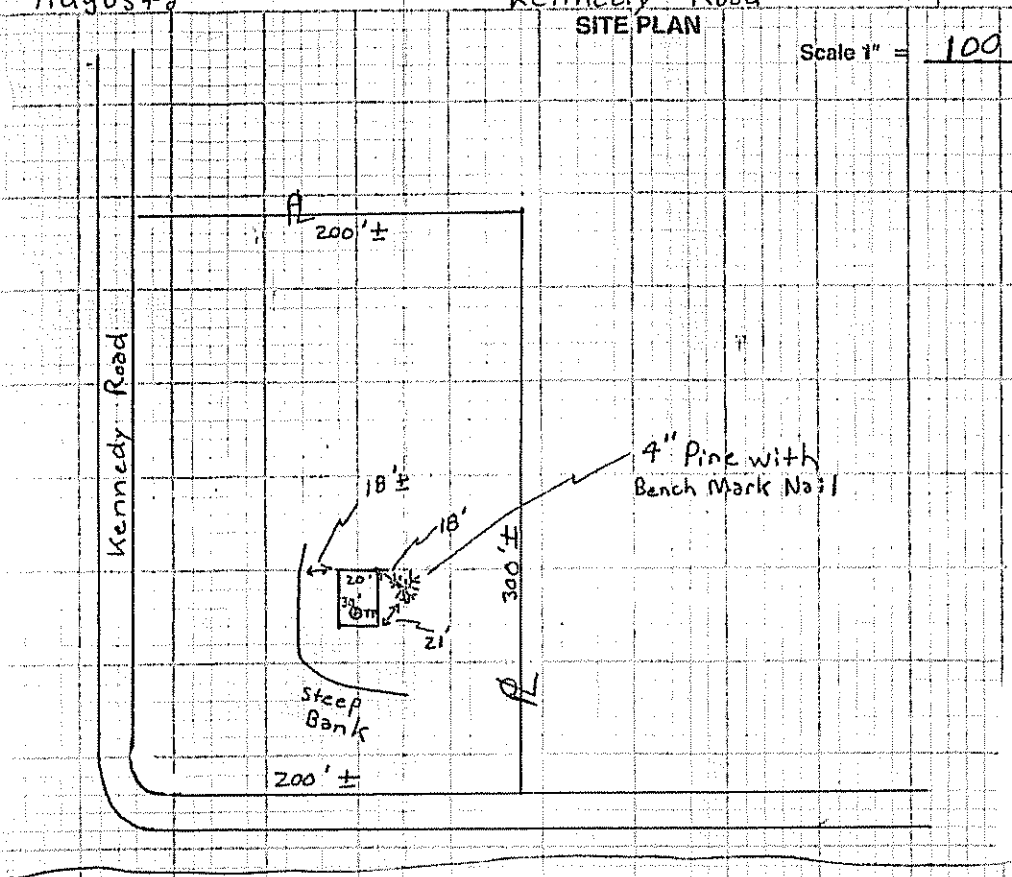
Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Kennedy Road	Webber

SITE PLAN

Scale 1" = 100 Ft.

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



1. Property lines as indicated by owner, or owners agent.
2. System shall be installed in accordance with Maine Plumbing Code.
3. Scarify original ground before placing fill.
4. Fill shall be clean sandy loam placed in 8" compacted lifts.
5. Bed shall be at least 20' from house. Tank shall be at least 8' from house.
6. Well shall be at least 100' from tank and bed.
7. Site shall be graded in a manner which will devert surface water from the bed.

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

Observation Hole TP 1 ☒ Test Pit ☐ Boring

0 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	Loamy Sand	Friable	Brown	
6–30			Reddish Brown	
30–50			Gray	Evident

Soil Profile	Classification Condition	Slope	Limiting Factor	
4	C	6-12 %	30"	☒ 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
0–50				

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

Lucy Adams
Site Evaluator Signature

132
SE#

6-4-87
Date

HHE-200 Rev.1/84

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

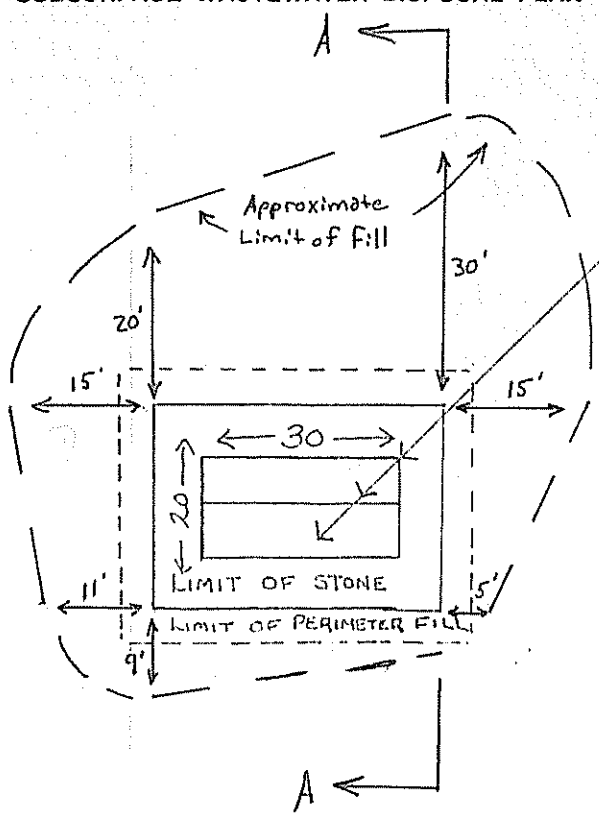
Town, City, Plantation: Augusta

Street, Road, Subdivision: Kennedy Road

Owners Name: Webber

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft



3 - 20' LENGTHS OF 4" DIAMETER PERFORATED PIPE SPACED 5' APART AND CONNECTED AT THE END.

Malone construction was doing work. Reference removal + site attached. [illegible] 9-13-91 11:57 pm. Please conversation with Terry Adams, he accepted this and as installed, he tested the area and the sepertion is being met. [illegible]

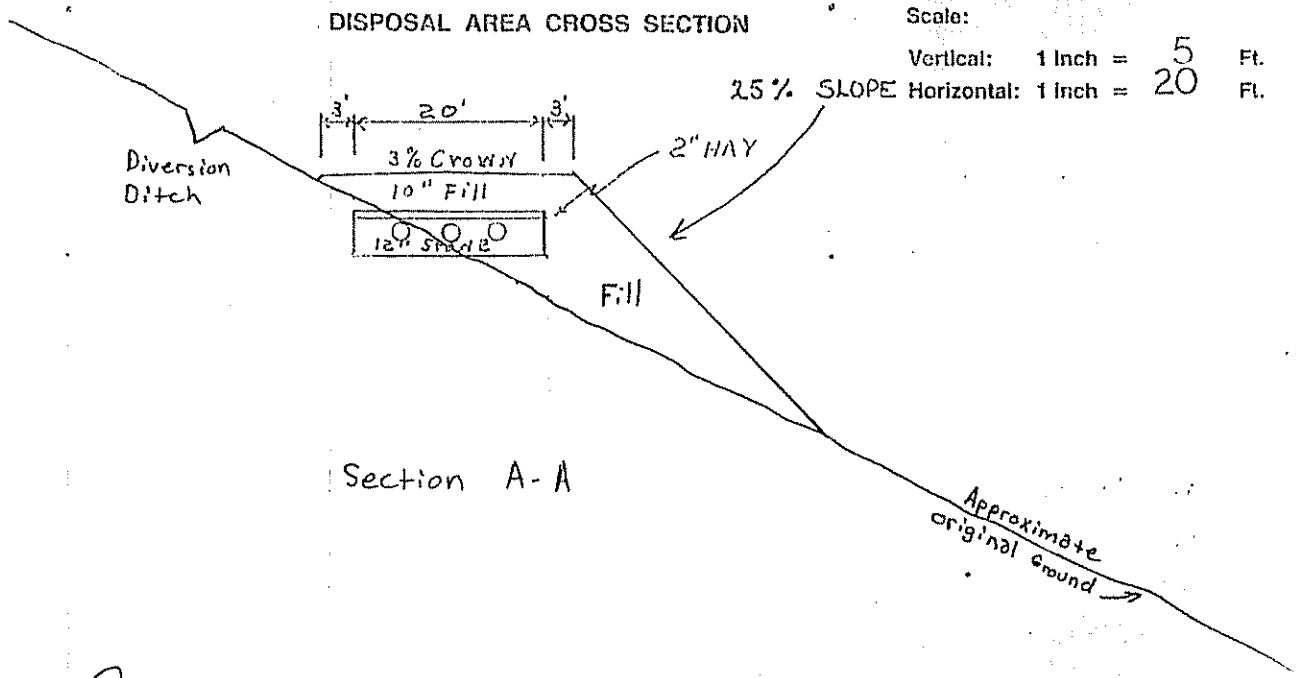
FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	6"	Reference Elevation is	0'0"	Bench Mark Nail in 4" Pine
Depth of Fill (Downslope)	36"	Bottom of Disposal Area	-54	
		Top of Distribution Lines or Chambers	-43	

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 Inch = 5 Ft.

Horizontal: 1 Inch = 20 Ft.



Section A-A

[signature] Site Evaluator Signature

132 SE #

6-4-87 Date