

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS		M67 L11	
Town Or Plantation	Augusta	AUGUSTA	
Street	Hughesland	PERMIT #	565 ✓ TOWN COPY
Subdivision Lot #		Date Permit Issued:	9/24/85 \$ 20 FEE <input type="checkbox"/> If Double Fee Charged
PROPERTY OWNERS NAME		L.P.I. # 667	
Last:	Dopoulos	Robert B St Pierre <small>Local Plumbing Inspector Signature</small>	
First:	Marion		
Applicant Name:	Same		
Mailing Address of Owner/Applicant (If Different)	RR#1 Box 2909 Windsor ME		
Owner/Applicant Statement <i>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.</i>		Caution: Inspection Required <i>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.</i>	
Signature of Owner/Applicant _____		Local Plumbing Inspector Signature _____	
Date _____		Date Approved _____	

PERMIT INFORMATION

THIS APPLICATION IS FOR: 1. <input type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	INSTALLATION IS COMPLETE SYSTEM 1. <input type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____	TYPE OF WATER SUPPLY
SIZE OF PROPERTY 37,500	ZONING RR-city LPRR-structure	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: _____ GALS.	WATER CONSERVATION 1. <input type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) DESIGN FLOW: _____ (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE _____ CONDITION _____ DEPTH TO LIMITING FACTOR: _____	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	

SITE EVALUATOR STATEMENT

SITE EVALUATION WAIVED BY LOCAL OPTION

On _____ (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 or Professional Engineer's Signature _____ SE# / PE# _____ Date _____ Page 1 of 3

* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Option

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