# 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 # | 308 Civic Ctr. Drive |

**PROPERTY OWNERS NAME**

Last: Robinson First: Richard A.

| | |
|---|---|
| Applicant Name: | |
| Mailing Address of Owner/Applicant (If Different) | 308 Civic Ctr. Drive Augusta, Maine 04330 |

0106 AUGUSTA *** 11020 ***

Date Permit Issued: 9 26 83

Robert B St Pierre
Local Plumbing Inspector Signature

$ 30 FEE ☐ If Double Charged

L.P.I. # 667

**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.*

Claire A. Robinson 9/26/83
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.*

Robert St Pierre 10/3/83
Local Plumbing Inspector Signature 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 only Local Plumbing Inspector Approval
   4. ☐ Requires both 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 1963

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 | ZONING |
|---|---|
| 30,000' ± | Residential |

**TYPE OF WATER SUPPLY**

Public

**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: 75 GALS.

**CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)**

3 Bedroom

DESIGN FLOW: 300 (GALLONS/DAY)

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

| PROFILE | CONDITION |
|---|---|
| 7 | C |

DEPTH TO LIMITING FACTOR: 22"

**SIZE RATINGS USED FOR DESIGN PURPOSES**

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

**DISPOSAL AREA TYPE/SIZE**

1. ☒ BED 1000 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 06-08-83 (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.

[signature] #51 06-15-83
Site Evaluator or Professional Engineer's Signature SE# / PE# Date

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

City

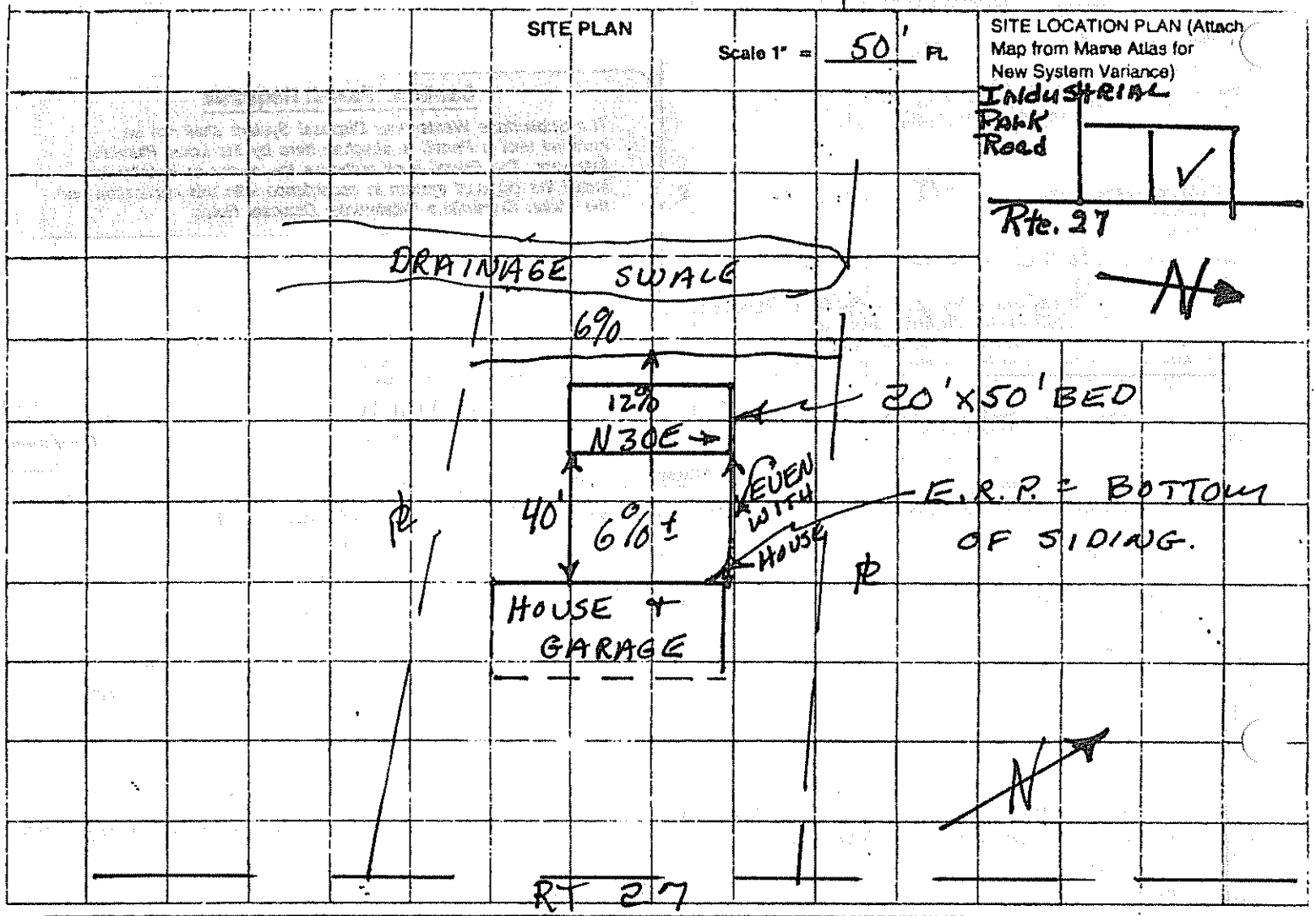
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION — Division of Health Engineering

Town, City, Plantation | Street, Road, Subdivision | Owners Name

SITE PLAN — Scale 1" = 50' FL

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




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

Observation Hole 1 ☐ Test Pit ☑ Boring

+1" " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

| Texture | Consistency | Color | Mottling |
|---|---|---|---|
| L.S | Loose | B. | |
| C/S | Firm | O.G. | ↕ |

| Soil (Profile) | Classification (Condition) | Slope | Limiting Factor |
|---|---|---|---|
| 7 | C | 12 % | 22" ☐ Ground Water ☐ Restrictive Layer ☐ Bedrock |

Observation Hole ☐ Test Pit ☐ Boring

" Depth of Organic Horizon Above Mineral Soil

| Texture | Consistency | Color | Mottling |
|---|---|---|---|
| | | | |

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

#51 06-15-98

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

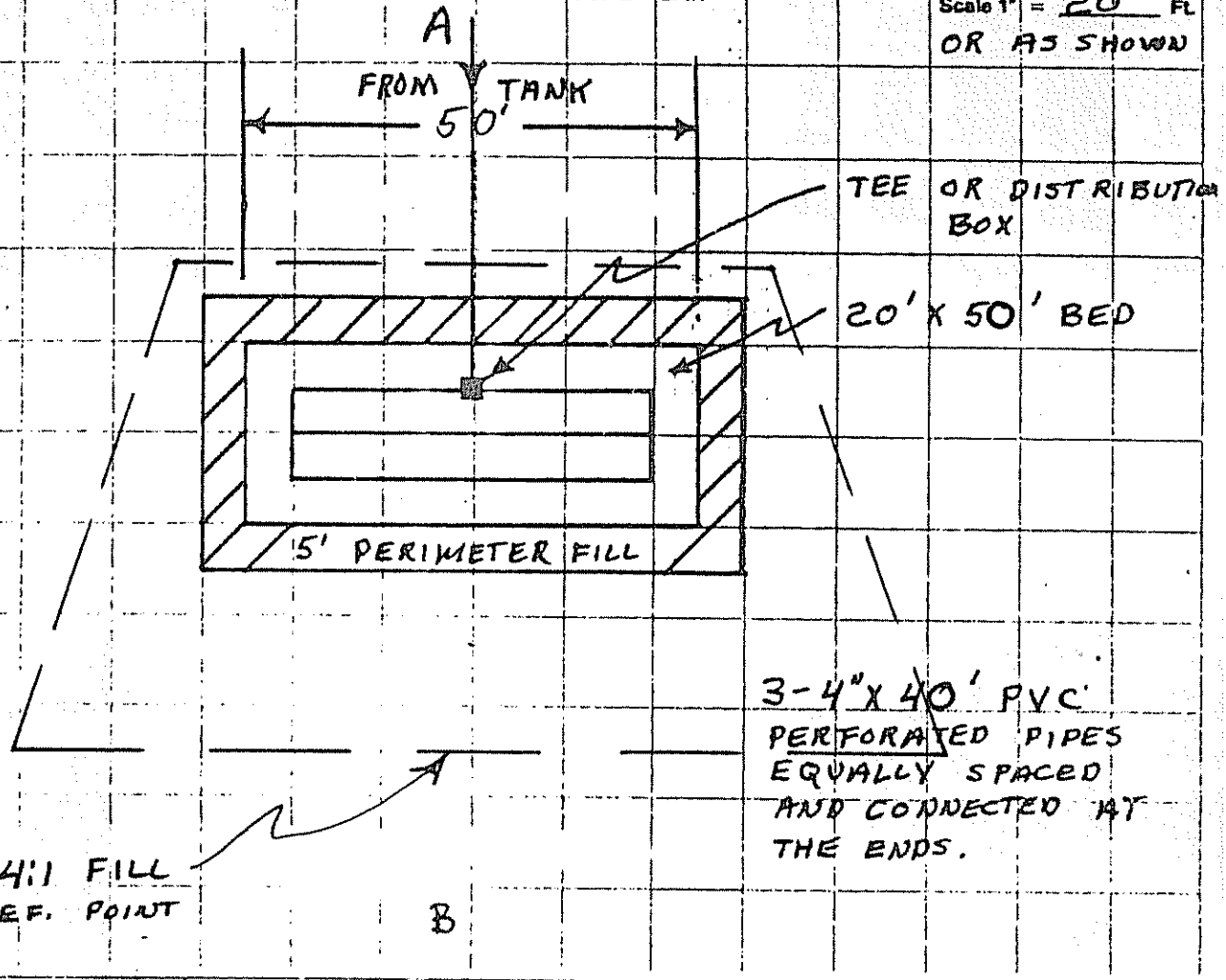
Town, City, Plantation: Augusta

Street, Road, Subdivision: 308 Civic Ctr. Dr.

Owners Name: Robinson, Richard A.

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL OR AS SHOWN



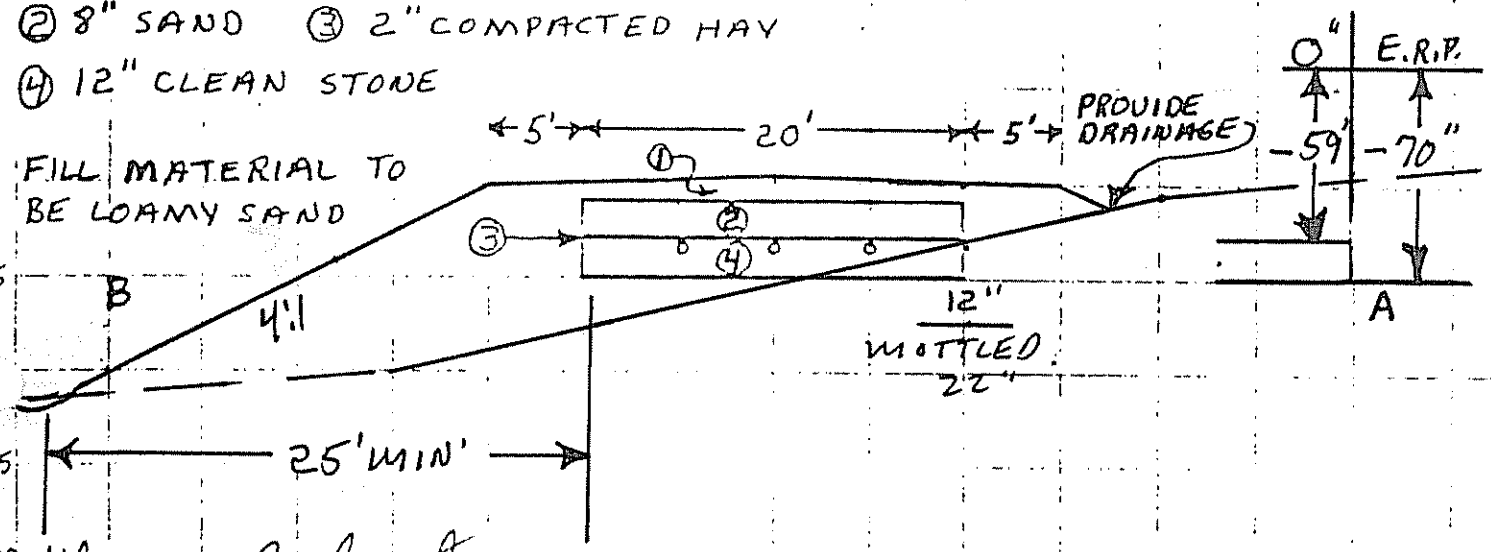

| FILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | | ELEVATION REFERENCE POINT LOCATION & DESCRIPTION |
|---|---|---|---|---|
| Depth of Fill (Upslope) | 14" | Reference Elevation is | 0 | BOTTOM OF SIDING |
| Depth of Fill (Downslope) | ____ | Bottom of Disposal Area | -70" | |
| | | Top of Distribution Lines or Chambers | -59" | |

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 5 Ft.
Horizontal: 1 Inch = 10 Ft.

① 3" TOPSOIL CROWNED @ 3%
② 8" SAND ③ 2" COMPACTED HAY
④ 12" CLEAN STONE

FILL MATERIAL TO BE LOAMY SAND




Wm W Richard

Site Evaluator or Professional Engineer's Signature

#51

Date: 06-15-83

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