

Map 95, Lot 5A

Department of Human Services  
Division of Health Engineering  
(207) 289-8825

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

REC-119-112

**PROPERTY ADDRESS**

Town Or Plantation: AUGUSTA

Street Subdivision Lot #: Outlet Road

**PROPERTY OWNERS NAME**

Last: Douin First: PAUL

Applicant Name: SAME

Mailing Address of Owner/Applicant (If Different):

JUN 15 1998

AUGUSTA 3959 TOWN COPY

Date Permit Issued: 6/15/98 \$ 1,751.99  If Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # [Signature]

Map 95 Lot 5A

**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.

Signature of Owner/Applicant: [Signature] Date: 6/15/98

**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: [Signature] Date Approved: 6/15/98

## PERMIT INFORMATION

**THIS APPLICATION IS FOR:**

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- EXPERIMENTAL SYSTEM

**THIS APPLICATION REQUIRES:**

- NO RULE VARIANCE
- NEW SYSTEM VARIANCE  
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE  
Attach Replacement System Variance Form
  - Requiring Local Plumbing Inspector Approval
  - Requires State and Local Plumbing Inspector Approval
- MINIMUM LOT SIZE VARIANCE

**INSTALLATION IS:**

COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM  
(Includes Alternative Toilet)
- ENGINEERED (+ 2000 gpd)

**INDIVIDUALLY INSTALLED COMPONENTS:**

- TREATMENT TANK (ONLY)
- HOLDING TANK \_\_\_\_\_ GAL
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

**SEASONAL CONVERSION**

to be completed by the LPI

- SYSTEM COMPLIES WITH RULES
- CONNECTED TO SANITARY SEWER
- SYSTEM INSTALLED - P# \_\_\_\_\_
- SYSTEM DESIGN RECORDED AND ATTACHED

**IF REPLACEMENT SYSTEM:**

YEAR FAILING SYSTEM INSTALLED \_\_\_\_\_

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: \_\_\_\_\_

**DISPOSAL SYSTEM TO SERVE:**

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_

SIZE OF PROPERTY: 5.7 Acres ZONING: \_\_\_\_\_

**TYPE OF WATER SUPPLY**

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

**TREATMENT TANK**

- SEPTIC:  Regular  Low Profile
- AEROBIC

SIZE: \_\_\_\_\_ GALS.

**WATER CONSERVATION**

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: \_\_\_\_\_

**PUMPING**

- NOT REQUIRED
- MAY BE REQUIRED  
(DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: \_\_\_\_\_ GALS.

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

Expanded from 3 to 5 Bedrooms

450

DESIGN FLOW: 800 GPD  
(GALLONS/DAY)

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE	CONDITION
<u>B</u>	<u>C</u>

DEPTH TO LIMITING FACTOR: \_\_\_\_\_

**SIZE RATINGS USED FOR DESIGN PURPOSES**

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

**DISPOSAL AREA TYPE/SIZE**

- BED \_\_\_\_\_ Sq. Ft.
- CHAMBER \_\_\_\_\_ Sq. Ft.  
 REGULAR  H-20
- TRENCH \_\_\_\_\_ Linear Ft.
- OTHER: \_\_\_\_\_

## SITE EVALUATOR STATEMENT

On April (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 Signature: [Signature] SE#: 137 Date: June 8, 1998

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

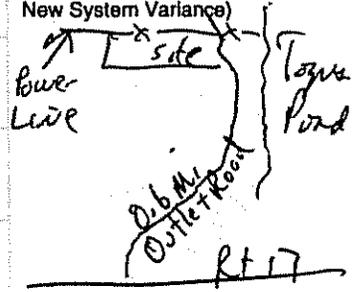
Town, City, Plantation  
**AUGUSTA**

Street, Road, Subdivision  
**Townsend Outlet Road**  
**SITE PLAN**

Owners Name  
**PAUL DOWN**

Scale 1" = \_\_\_\_\_ Ft.

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



*See Original Design dated 6-30-97 Attached*

*The original plan is incorporated as an integral part of this plan and shall not be separated from it.*

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)				
Observation Hole <u>2</u> <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring		" Depth of Organic Horizon Above Mineral Soil		
Texture	Consistency	Color	Mottling	
DEPTH BELOW MINERAL SOIL SURFACE (Inches) 0 6 10 15 20 30 40 50				
Soils in the area of the expansion are similar to those in the original bed with groundwater limiting at a depth of 16 to 18 inches. Soils information determined via several auger borings.				
Soil Profile	Classification Condition	Slope %	Limiting Factor	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
		6 %	16	

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)				
Observation Hole _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring		" Depth of Organic Horizon Above Mineral Soil		
Texture	Consistency	Color	Mottling	
DEPTH BELOW MINERAL SOIL SURFACE (Inches) 0 6 10 15 20 30 40 50				
(This section is blank in the image)				
Soil Profile	Classification Condition	Slope %	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock

*Glenn B. Angel*  
Site Evaluator Signature

137  
SE#

6/8/98  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

*Augusta*

Street, Road, Subdivision

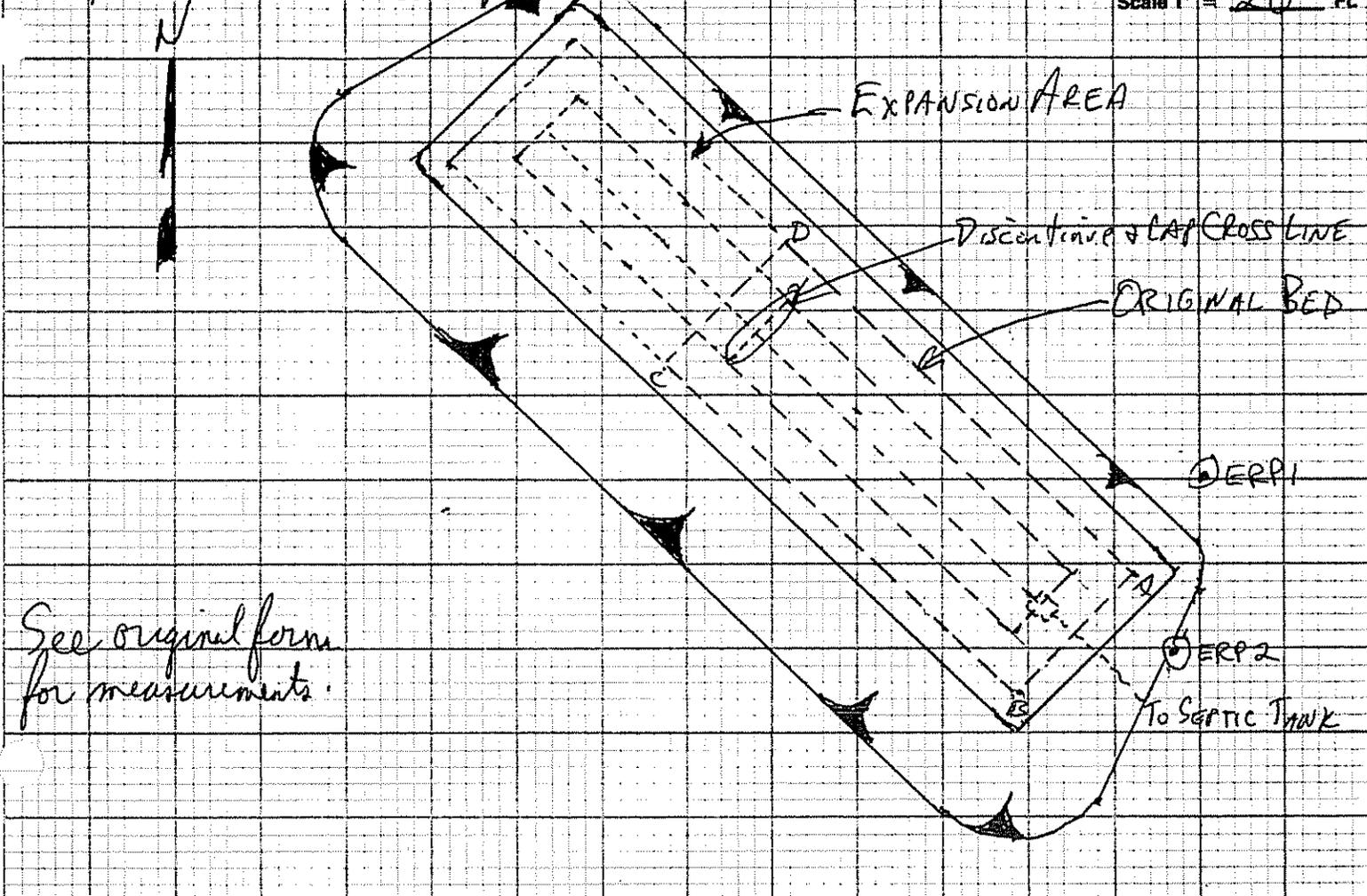
*Townsend Outlet Road*

Owners Name

*Paul Downin*

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = *20* Ft.



*See original forms for measurements.*

### FILL REQUIREMENTS

Depth of Fill (Upslope)  
Depth of Fill (Downslope)

*21"*  
*36"*

### CONSTRUCTION ELEVATIONS

Reference Elevation is  
Bottom of Disposal Area  
Top of Distribution Lines or Chambers

*0.0'*  
*See Original*

### ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

### DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = Ft.  
Horizontal: 1 inch = Ft.

*See Original as attached*

*Glen B. Angell*  
Site Evaluator Signature

*137*  
SE#

*6/8/98*  
Date

## **CONSTRUCTION SPECIFICATIONS FOR DOUIN BED EXPANSION**

1. It is critical to maintain a maximum 1-inch per 100 feet elevation change over the length of the system across the junction of existing piping and new piping.
2. The existing cross drainage line at juncture of the existing and new sections shall be discontinued and capped to ensure that wastewater drains down the whole length of the lines.
3. Fill used in for the cover and fill extensions of the expansion portion should be as similar as possible to that used in the original bed.

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<b>PROPERTY ADDRESS</b>	
Town Or Plantation	<b>AUGUSTA</b>
Street Subdivision Lot #	
<b>PROPERTY OWNERS NAME</b>	
Last: <b>AYOTTE</b>	First: <b>LARRY</b>
Applicant Name:	<b>PAUL DOVIN</b>
Mailing Address of Owner/Applicant (If Different)	<b>FAIRVIEW ESTATES LOT 59 RANDOLPH, ME 04346</b>

**Caution: Permit Required**

*The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.*

**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.*

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 \_\_\_\_\_ Date Approved \_\_\_\_\_

## PERMIT INFORMATION

<p><b>THIS APPLICATION IS FOR:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NEW SYSTEM</li> <li><input type="checkbox"/> REPLACEMENT SYSTEM</li> <li><input type="checkbox"/> EXPANDED SYSTEM</li> <li><input type="checkbox"/> EXPERIMENTAL SYSTEM</li> </ol> <p><b>SEASONAL CONVERSION</b> to be completed by the LPI</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SYSTEM COMPLIES WITH RULES</li> <li><input type="checkbox"/> CONNECTED TO SANITARY SEWER</li> <li><input type="checkbox"/> SYSTEM INSTALLED - P# _____</li> <li><input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</li> </ol> <p><b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED</li> <li><input type="checkbox"/> CHAMBER</li> <li><input type="checkbox"/> TRENCH</li> <li><input type="checkbox"/> OTHER: _____</li> </ol> <p>SIZE OF PROPERTY: <b>5.7 Acres</b></p> <p>ZONING: _____</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NO RULE VARIANCE</li> <li><input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</li> <li><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form             <ol style="list-style-type: none"> <li><input type="checkbox"/> Requiring Local Plumbing Inspector Approval</li> <li><input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</li> </ol> </li> <li><input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</li> </ol> <p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SINGLE FAMILY DWELLING</li> <li><input checked="" type="checkbox"/> MODULAR OR MOBILE HOME</li> <li><input type="checkbox"/> MULTIPLE FAMILY DWELLING</li> <li><input type="checkbox"/> OTHER _____ SPECIFY _____</li> </ol>	<p><b>INSTALLATION IS:</b></p> <p><b>COMPLETE SYSTEM</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</li> <li><input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</li> <li><input type="checkbox"/> ENGINEERED (+ 2000 gpd)</li> </ol> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> TREATMENT TANK (ONLY)</li> <li><input type="checkbox"/> HOLDING TANK _____ GAL</li> <li><input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</li> <li><input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> </ol> <p><b>TYPE OF WATER SUPPLY</b> <b>Well To Be Drilled</b></p>
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## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p><b>TREATMENT TANK</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</li> <li><input type="checkbox"/> AEROBIC</li> </ol> <p>SIZE: <b>1000</b> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NONE</li> <li><input type="checkbox"/> LOW VOLUME TOILET</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> <li><input type="checkbox"/> ALTERNATIVE TOILET</li> </ol> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NOT REQUIRED</li> <li><input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</li> <li><input type="checkbox"/> REQUIRED</li> </ol> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><b>3 Bedroom Mobile Home</b></p>				
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table style="width: 100%;"> <tr> <td>PROFILE</td> <td>CONDITION</td> </tr> <tr> <td style="text-align: center;"><b>8</b></td> <td style="text-align: center;"><b>C</b></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <b>16</b></p>	PROFILE	CONDITION	<b>8</b>	<b>C</b>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SMALL</li> <li><input type="checkbox"/> MEDIUM</li> <li><input type="checkbox"/> MEDIUM-LARGE</li> <li><input checked="" type="checkbox"/> LARGE</li> <li><input type="checkbox"/> EXTRA LARGE</li> </ol>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> BED _____ Sq. Ft.</li> <li><input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</li> <li><input type="checkbox"/> TRENCH _____ Linear Ft.</li> <li><input type="checkbox"/> OTHER: _____</li> </ol>	<p>DESIGN FLOW: <b>270 GPD</b> (GALLONS/DAY)</p>
PROFILE	CONDITION						
<b>8</b>	<b>C</b>						

**SITE EVALUATOR STATEMENT**

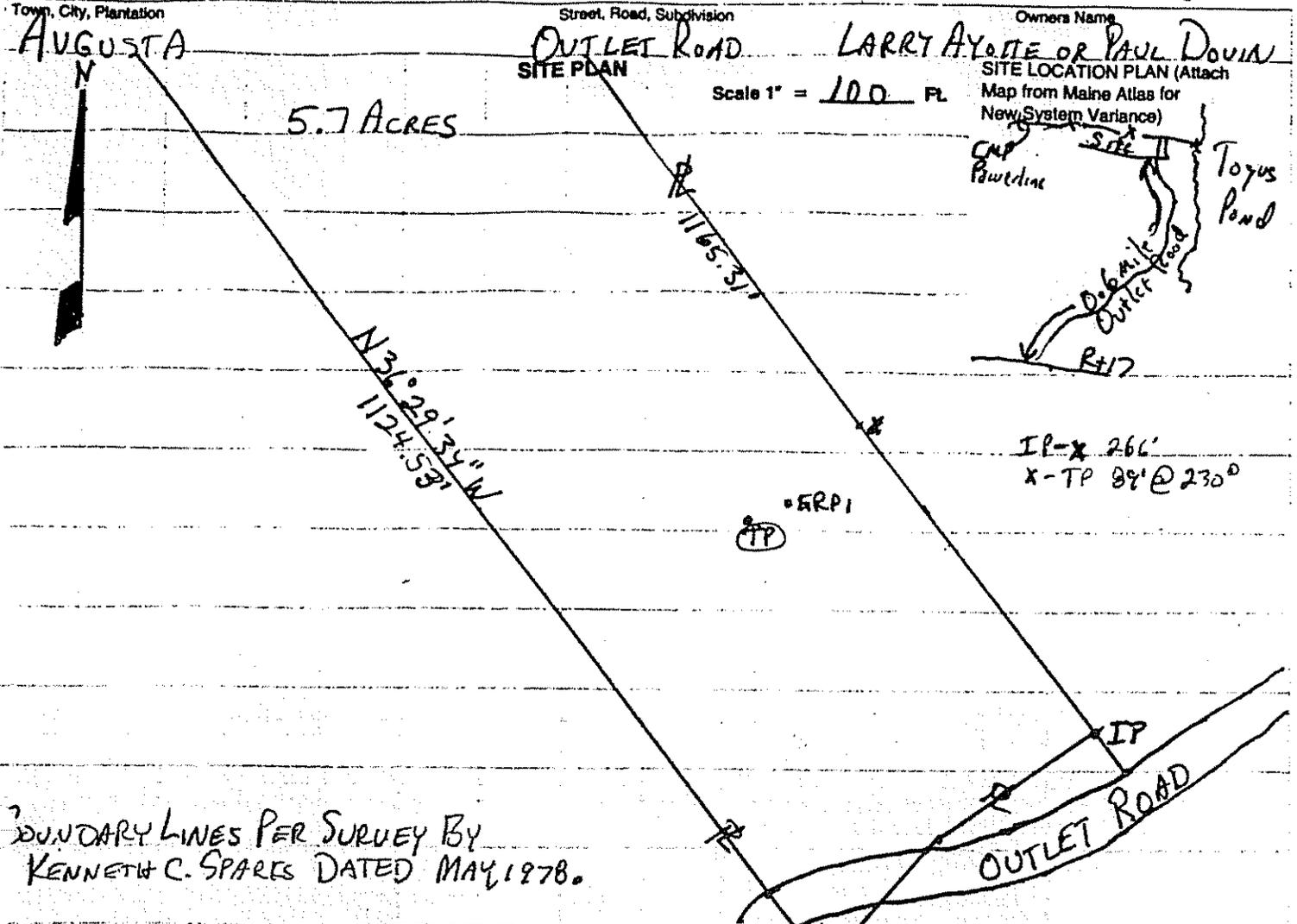
On **JUNE 24, 1997** (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

**John B. Angell** \_\_\_\_\_ **137** \_\_\_\_\_ **6-30-97** \_\_\_\_\_  
Site Evaluator Signature SE# Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering



## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1  Test Pit  Boring  
2 inches \* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	VERY FINE SAND	FRABLE	DARK YELLOWISH BROWN	
6	SILT	Somewhat FIRM	LIGHT OLIVE BROWN	
15	LOAM	FIRM TO MASSIVE	OLIVE	FEW FAINT
20				COMMON
30				Distinct
50	COLORS PER MUNSEL SOIL COLOR CHART			

Soil Profile: **B** Classification: **C** Slope: **6%** Limiting Factor: **16**  Ground Water  Restrictive Layer  Bedrock

Observation Hole IP  Test Pit  Boring  
 \* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Profile: \_\_\_\_\_ Classification: \_\_\_\_\_ Slope: \_\_\_\_\_ % Limiting Factor: \_\_\_\_\_  Ground Water  Restrictive Layer  Bedrock

*Glenn Blangell*  
Site Evaluator Signature

137

SE#

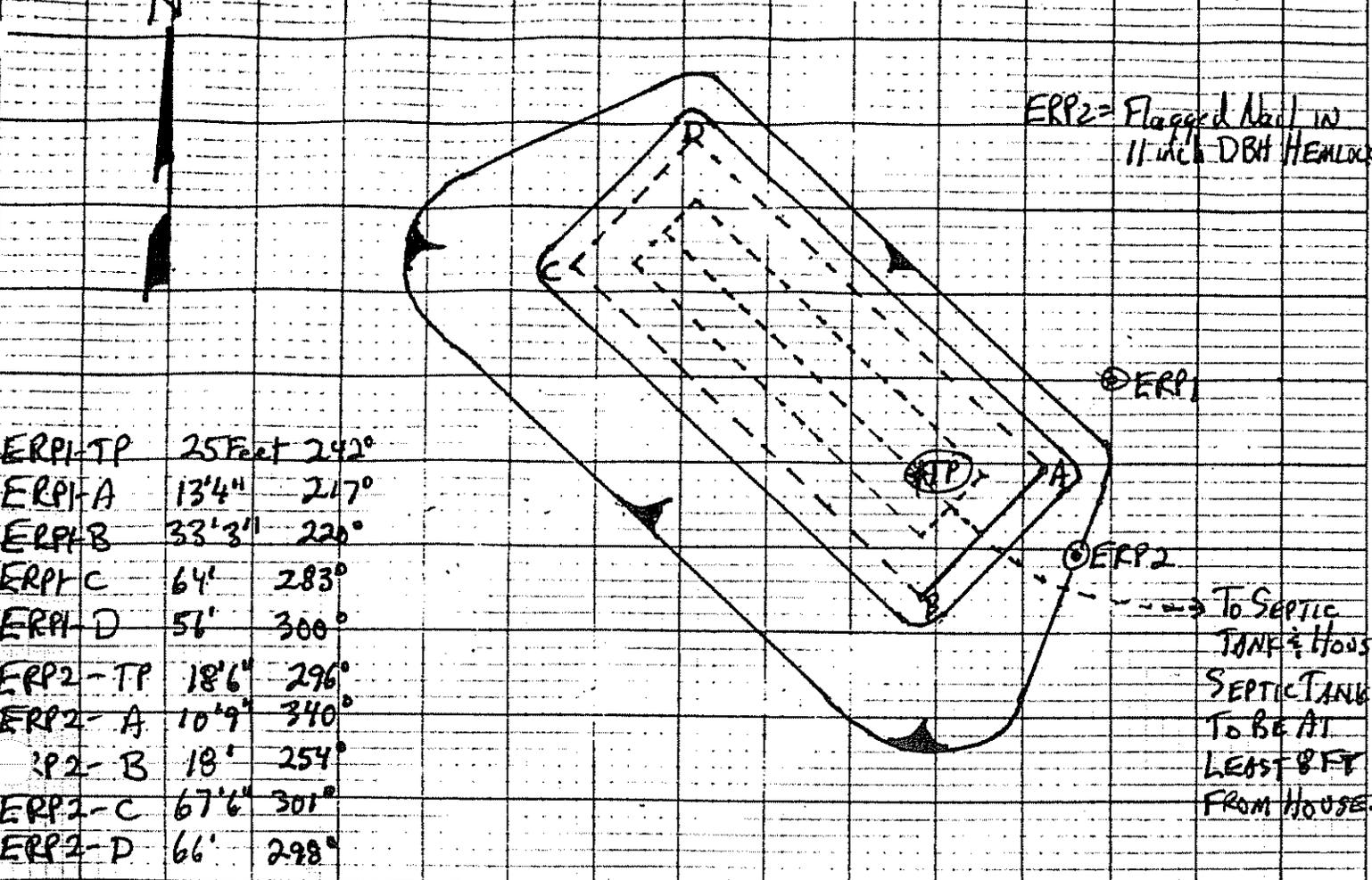
6-30-97

Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **AUGUSTA**  
 Street, Road, Subdivision: **OUTLET ROAD**  
 Owners Name: **LARRY HUNTER or PAUL DAVIN**  
 SUBSURFACE WASTEWATER DISPOSAL PLAN  
 Scale 1" = **20** FL



ERP1-TP	25 Feet	292°
ERP1-A	13'4"	217°
ERP1-B	33'3"	226°
ERP1-C	64'	283°
ERP1-D	51'	300°
ERP2-TP	18'6"	296°
ERP2-A	10'9"	340°
ERP2-B	18'	254°
ERP2-C	67'6"	301°
ERP2-D	66'	298°

**FILL REQUIREMENTS**  
 Depth of Fill (Upslope)  
 Depth of Fill (Downslope)

**21"**  
**36"**

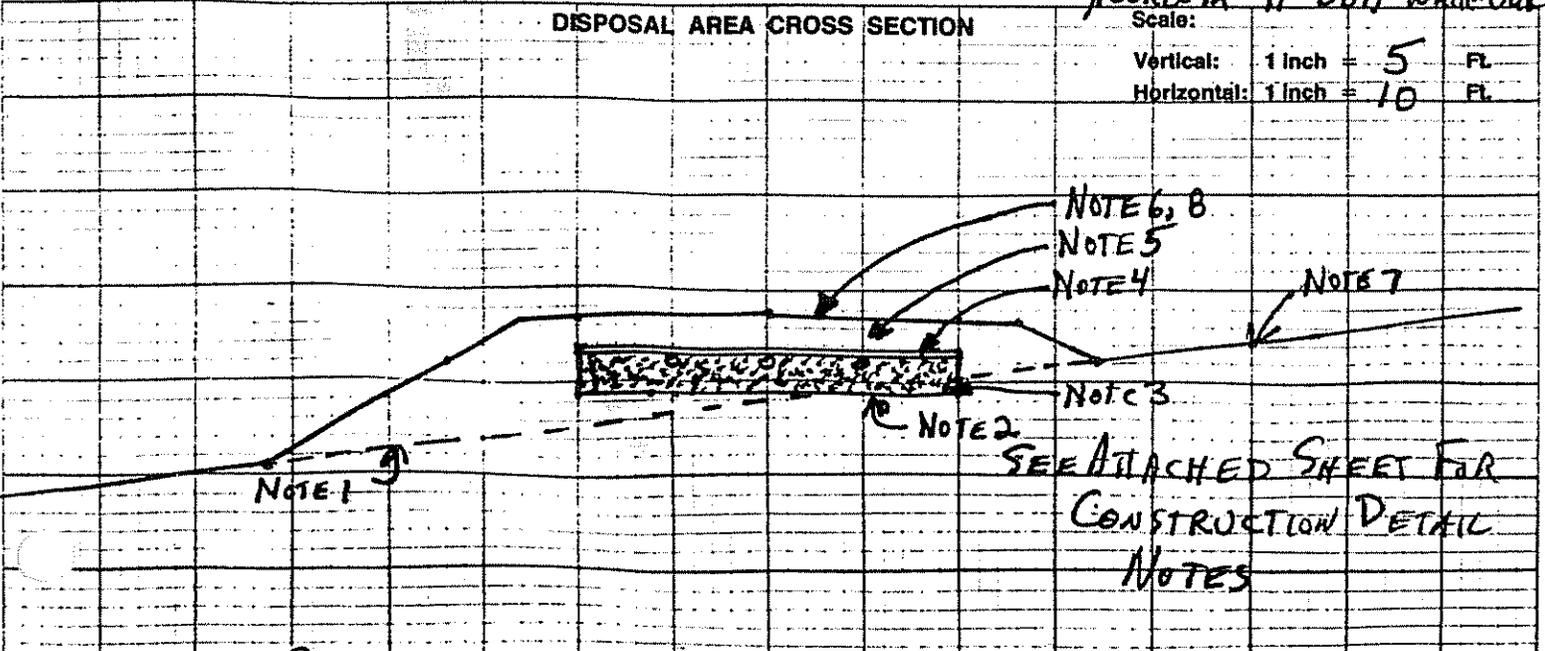
**CONSTRUCTION ELEVATIONS**  
 Reference Elevation is  
 Bottom of Disposal Area  
 Top of Distribution Lines or Chambers

**0'0"**  
**-2'9"**  
**-2'10"**

**ELEVATION REFERENCE POINT LOCATION & DESCRIPTION**  
 ERP1  
 Flagged Nail 2 Feet above ground in 11" DBH White Oak

**DISPOSAL AREA CROSS SECTION**

Scale:  
 Vertical: 1 Inch = **5** FL  
 Horizontal: 1 Inch = **10** FL



*Glean Benzell*  
Site Evaluator Signature

**137**  
SE#

**6-30-97**  
Date

**THE FOLLOWING CONSTRUCTION SPECIFICATIONS SHALL BE MET WHEN INSTALLING THIS SUBSURFACE WASTEWATER DISPOSAL SYSTEM:**

1. All vegetation and the organic soil horizon within the proposed disposal area shall be removed and the ground's surface shall be scarified to minimize glazing of the original soil.
2. The bottom of the disposal area and the distribution lines shall be level with a maximum grade tolerance of 2 inches per 100 feet. The elevation of the base of the bed shall equal that specified on these plans.
3. A minimum of 12 inches of washed stone shall be used in the construction of the disposal bed. This stone shall be from 3/4 to 2 1/2 inches in diameter and be free of dust, fines ashes or clay. At least 7 inches of stone shall be beneath the distribution pipes and at least one inch of stone shall be above the pipes. Stone shall be placed so that it uniformly covers the entire area of the distribution bed.
4. The disposal field stone layer shall be completely covered with either a layer of approved filter fabric or 2 inches of compressed hay. If filter fabric is used its edges shall be overlapped by at least 6 inches.
5. Immediately above the filter fabric or hay, backfill shall be placed. Fill shall be free of foreign material, placed in 8 inch lifts and compacted as it is placed. Fill shall be of sandy loam texture or coarser.
6. The finished grade of the backfill around the disposal area shall be crowned from the bed outward for 3 feet at a 3 percent slope and then down to the original ground's surface at a slope not to exceed 25 percent.
7. The land adjacent to the disposal area shall be graded to prevent both the accumulation of surface water on the disposal area and the flow of surface water across the disposal area.
8. The finished disposal area and the fill extensions shall be seeded to prevent erosion. Grass, clover, trefoil, vetch, perennial wildflowers or other herbaceous perennials may be utilized for this task. Woody shrubs are not acceptable.
9. In all cases, construction shall conform to the specifications of Chapter 12 of the Maine Subsurface Wastewater Disposal Rules.