

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Buxton

Street Subdivision Lot #: Route 22

PROPERTY OWNERS NAME

Last: TILE First: ROBERT

Applicant Name:

Mailing Address of Owner/Applicant (If Different):

01/194-7

BUXTON 1108 TOWN COPY

Caution: Permit Required

Date Permit Issued: 7/17/90 \$ 130 FEE If Double Fee Charged

Leo B. Gaud
Local Plumbing Inspector Signature L.P.I. # 536

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.

Leo B. Gaud 9/12/90
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.

Leo B. Gaud 9/19/90
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NEW SYSTEM <input checked="" type="checkbox"/> REPLACEMENT SYSTEM <input type="checkbox"/> EXPANDED SYSTEM <input type="checkbox"/> EXPERIMENTAL SYSTEM 	<p>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NO RULE VARIANCE <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form <ol style="list-style-type: none"> <input type="checkbox"/> Requiring Local Plumbing Inspector Approval <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE 	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <input type="checkbox"/> NON-ENGINEERED SYSTEM <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) <input type="checkbox"/> ENGINEERED (+2000 gpd) <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> TREATMENT TANK (ONLY) <input type="checkbox"/> HOLDING TANK _____ GAL <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) <input checked="" type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
<p>SEASONAL CONVERSION</p> <p>to be completed by the LPI</p> <ol style="list-style-type: none"> <input type="checkbox"/> SYSTEM COMPLIES WITH RULES <input type="checkbox"/> CONNECTED TO SANITARY SEWER <input type="checkbox"/> SYSTEM INSTALLED - P# <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED 	<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED <u>1980?</u></p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> BED <input type="checkbox"/> CHAMBER <input type="checkbox"/> TRENCH <input type="checkbox"/> OTHER: _____ 	<p>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER _____ SPECIFY _____
<p>SIZE OF PROPERTY: <u>5 ACRES</u></p> <p>ZONING: _____</p>	<p>TYPE OF WATER SUPPLY</p> <p><u>WELL</u></p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <p>SIZE: <u>1000</u> GALS.</p>	<p>WATER CONSERVATION</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> LOW VOLUME TOILET <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <input type="checkbox"/> ALTERNATIVE TOILET <p>SPECIFY: _____</p>	<p>PUMPING</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NOT REQUIRED <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION) <input type="checkbox"/> REQUIRED <p>DOSE: _____ GALS.</p>		
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table style="width: 100%;"> <tr> <td>PROFILE: <u>5</u></td> <td>CONDITION: <u>B</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>NONE</u></p>	PROFILE: <u>5</u>	CONDITION: <u>B</u>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> MEDIUM-LARGE <input type="checkbox"/> LARGE <input type="checkbox"/> EXTRA LARGE 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> BED <u>800</u> Sq. Ft. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 <input type="checkbox"/> TRENCH _____ Linear Ft. <input type="checkbox"/> OTHER: _____
PROFILE: <u>5</u>	CONDITION: <u>B</u>			
			<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>SINGLE FAMILY DWELLING</u> <u>3 BEDROOMS</u> <u>TABLE 7-1</u> <u>MINIMUM FLOW</u></p> <p>DESIGN FLOW: <u>270</u> (GALLONS/DAY)</p>	

SITE EVALUATOR STATEMENT

On 7/2/90 (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 Morak 104 7/12/90
Site Evaluator Signature SE# Date

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



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BUXTON

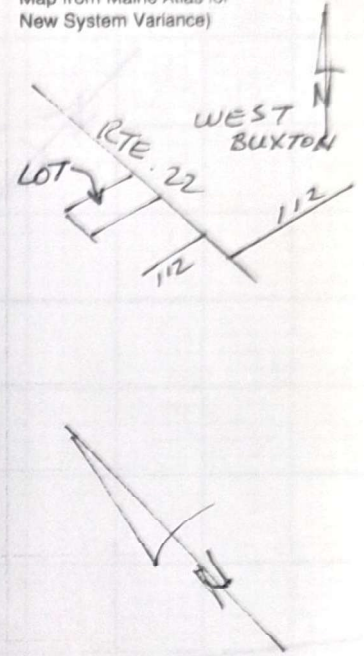
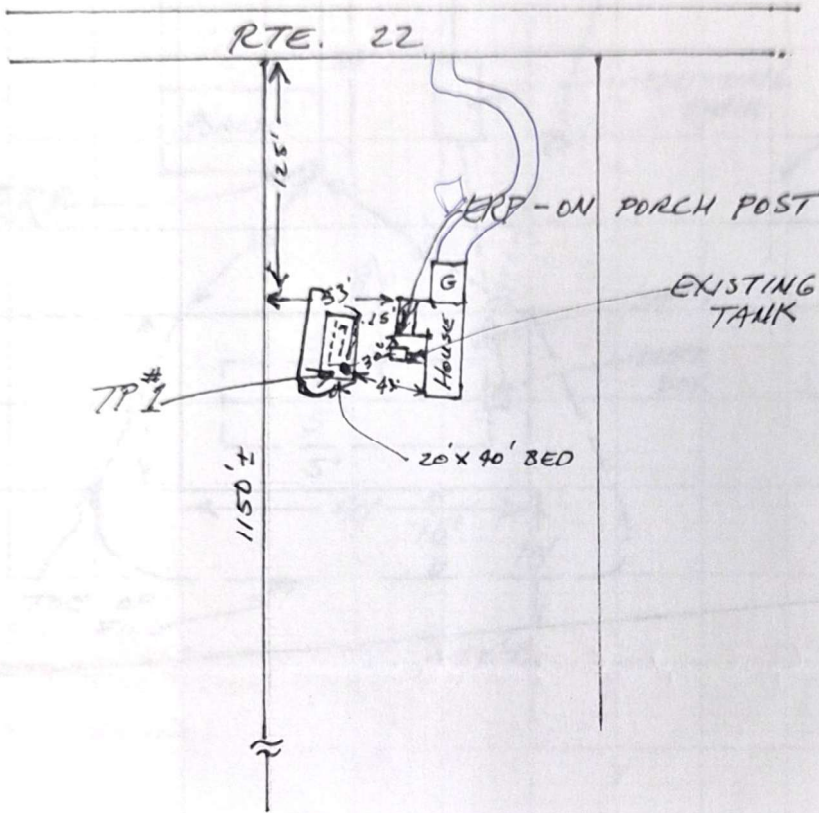
Street, Road, Subdivision
ROUTE 22

Owners Name
ROBERT TILE

SITE PLAN

Scale 1" = 100 Ft.

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

Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	FINE SANDY LOAM		BROWN	
6				
10	SANDY LOAM		ORANGE	
15			BROWN	
20				
30	SAND	FRAGMENTARY	LIGHT ORANGE BROWN TO TAN	
40				
50				

Soil Profile <u>S</u>	Classification <u>B</u> Condition	Slope <u>4</u> %	Limiting Factor <u>NONE</u>	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Observation Hole _____ 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 _____ Condition	Slope _____ %	Limiting Factor _____	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Kevin Koval

104

7/12/90

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Street, Road, Subdivision

ROUTE 22

Owners Name

ROBERT TILE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

GARAGE

HOUSE

ERP

PORCH

EXISTING TANK

TP #1

DIST. BOX

TDE OF FILL

1150'±

FILL REQUIREMENTS

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

00"
10"

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

00"
-77"
-66"

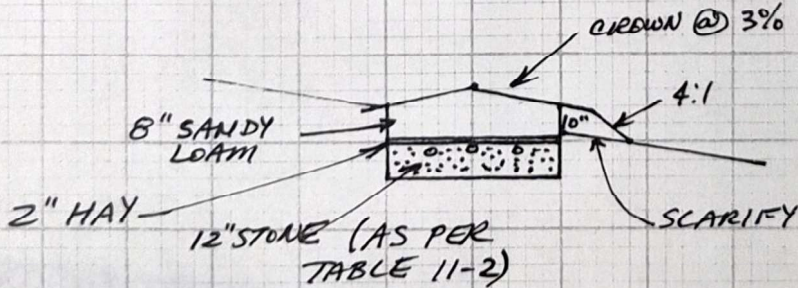
ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

ERP - NAIL ON PORCH POST 48" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5' Ft.
Horizontal: 1 inch = 20' Ft.



Juan Torale
Site Evaluator Signature

104
SE#

7/12/90
Date