# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

R4 LOT 50-B

01010330

Rec'd 5-16-94

BOWDOINHAM 908 TOWN COPY

Date Permit Issued: 5/10/94 $ 160.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature

L.P.I. # 52.20

## PROPERTY ADDRESS

| | |
|---|---|
| Town Or Plantation | Bowdoinham |
| Street Subdivision Lot # | Route 138 |

## PROPERTY OWNER'S NAME

Last: Pratt First: James

| | |
|---|---|
| Applicant Name: | James Pratt |
| Mailing Address of Owner/Applicant (If Different) | R-1, B-1168 Richmond ME 04357 |

## 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.

James S. Pratt 5-10-94

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 5-16-94 Date Approved

## PERMIT INFORMATION

### THIS APPLICATION IS FOR:

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

### SEASONAL CONVERSION

to be completed by the LPI

5. ☐ SYSTEM COMPLIES WITH RULES
6. ☐ CONNECTED TO SANITARY SEWER
7. ☐ SYSTEM INSTALLED - P# _____
8. ☐ SYSTEM DESIGN RECORDED AND ATTACHED

### IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS

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

| SIZE OF PROPERTY | ZONING |
|---|---|
| 1.5ac | |

### THIS APPLICATION REQUIRES:

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

### DISPOSAL SYSTEM TO SERVE:

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

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

### TYPE OF WATER SUPPLY

Dug well

## 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 & ELEVATION)
3. ☐ REQUIRED

DOSE: 54 GALS.

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

2 bedrooms

### SOIL CONDITIONS USED FOR DESIGN PURPOSES

| PROFILE | CONDITION |
|---|---|
| 3 | C |

DEPTH TO LIMITING FACTOR: 16 "

### SIZE RATINGS USED FOR DESIGN PURPOSES

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

### DISPOSAL AREA TYPE/SIZE

1. ■ BED 800 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: 240 (GALLONS/DAY)

## SITE EVALUATOR STATEMENT

On 4/21/94 (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.

Wm W. Richard

Site Evaluator Signature

51

SE#

4/21/94

Date

Approved for use as HHE 200 by Division of Health Engineering 9/87

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

01010330

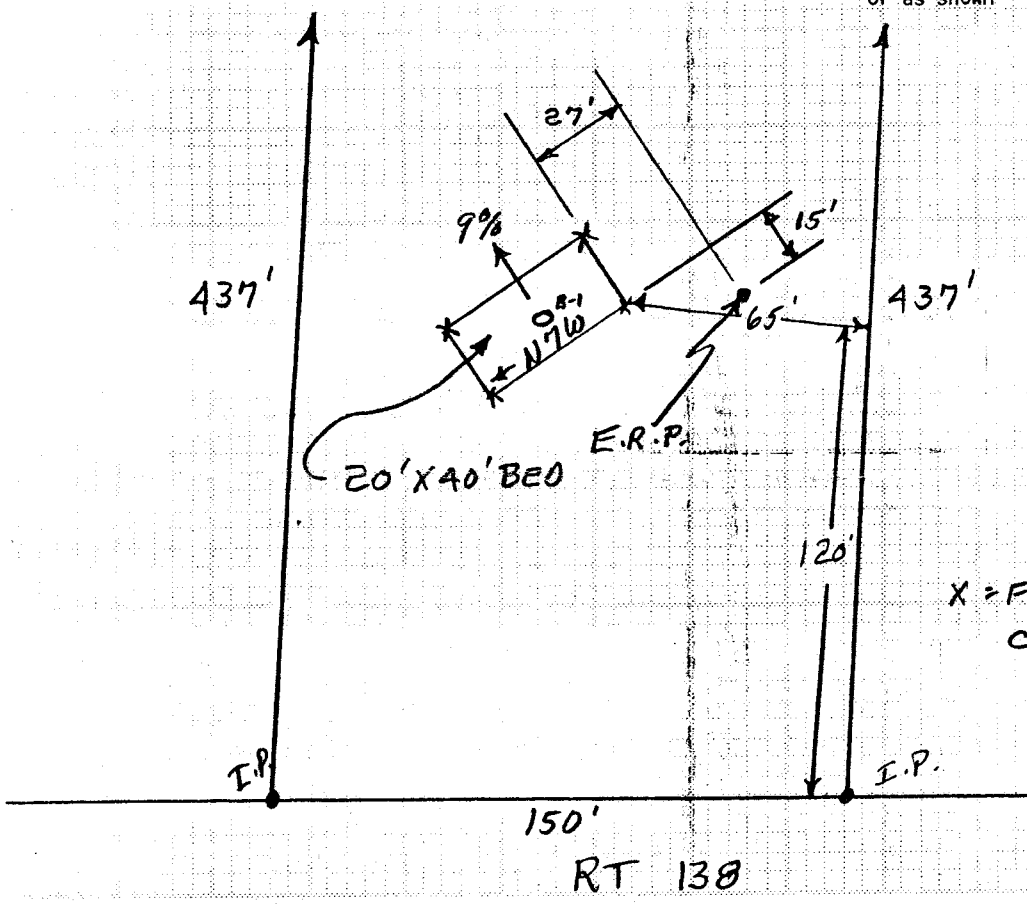
Town, City, Plantation: Bowdoinham

Street, Road, Subdivision: Route 138

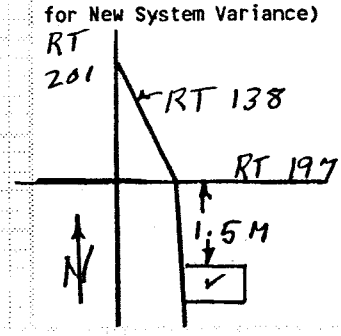
Owner's Name: Pratt, James

## SITE PLAN

Scale: 1" = 50 Ft. or as shown




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




X = FLAGS MARK APPROX CORNERS OF BED

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

Observation Hole 1 ☐Test Pit ☒Boring

+2 " Depth of Organic Horizon Above Mineral Soil

| Inches | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–6 | S.L. | FRIABLE | B | |
| 6–15 | | | | 16 |
| 15–50 | G.T. | FIRM | G.B. | |

| Soil Classification: Profile | Condition | Slope | Limiting Factor | |
|---|---|---|---|---|
| 3 | C | 9 % | 16 | ☒Ground Water ☐Restr. Layer ☐Bedrock |

Observation Hole _____ ☐Test Pit ☐Boring

_____ " Depth of Organic Horizon Above Mineral Soil

| Inches | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–50 | | | | |

| Soil Classification: Profile | Condition | Slope | Limiting Factor | |
|---|---|---|---|---|
| | | % | | ☐Ground Water ☐Restr. Layer ☐Bedrock |

Wm W. Richard
Site Evaluator Signature

51
SE#

4/21/94
Date

Approved for use as HHE 200 by Division of Health Engineering 9/87

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICA

Division of Health Engineering

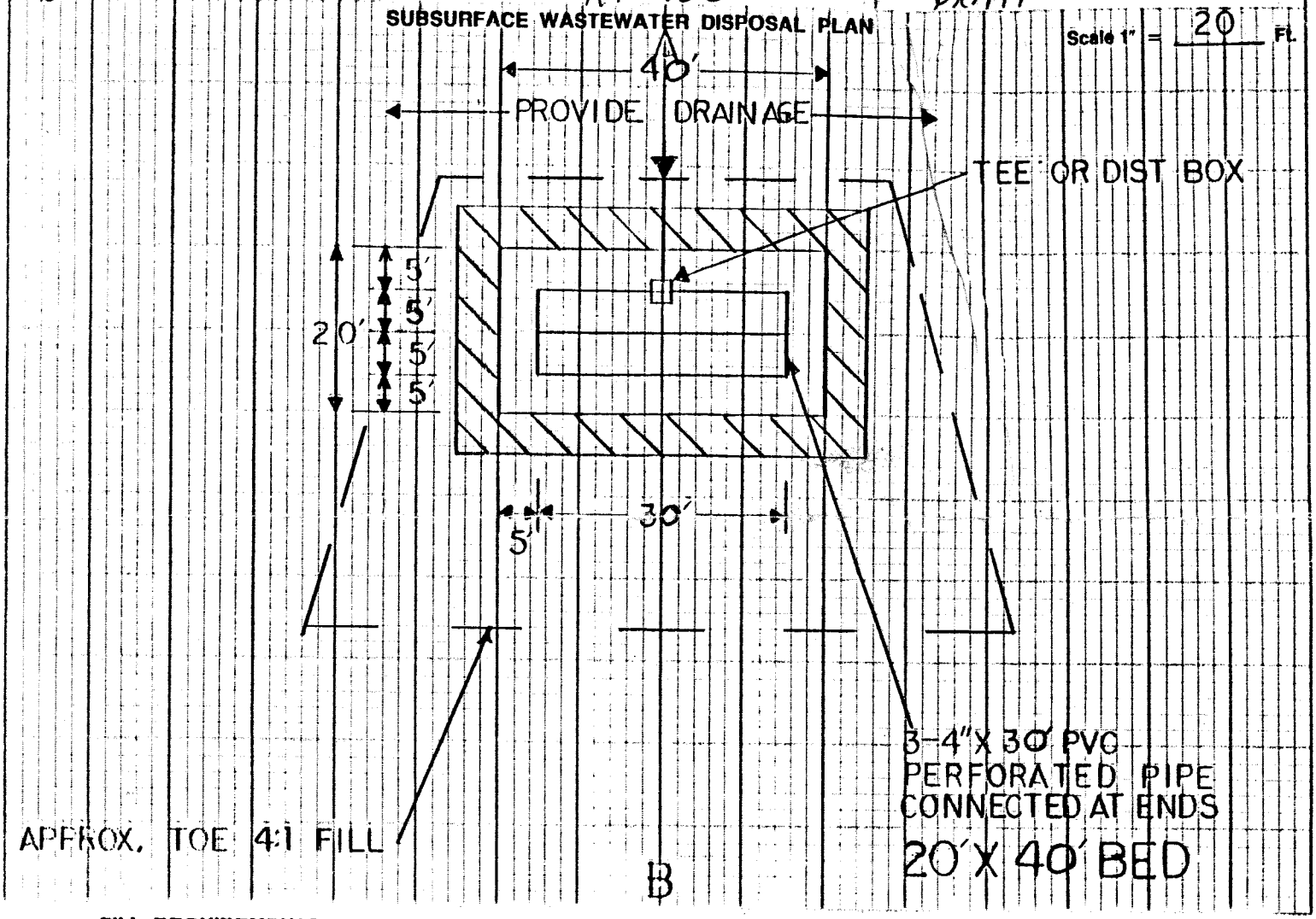
Town, City, Plantation: BOWDOINHAM

Street, Road, Subdivision: RT 138

Owners Name: DRATT

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.




**FILL REQUIREMENTS**

Depth of Fill (Upslope): 20"

Depth of Fill (Downslope): 42±

**CONSTRUCTION ELEVATIONS**

Reference Elevation is: 0

Bottom of Disposal Area: -64"

Top of Distribution Lines or Chambers: -53"

**ELEVATION REFERENCE POINT LOCATION & DESCRIPTION**

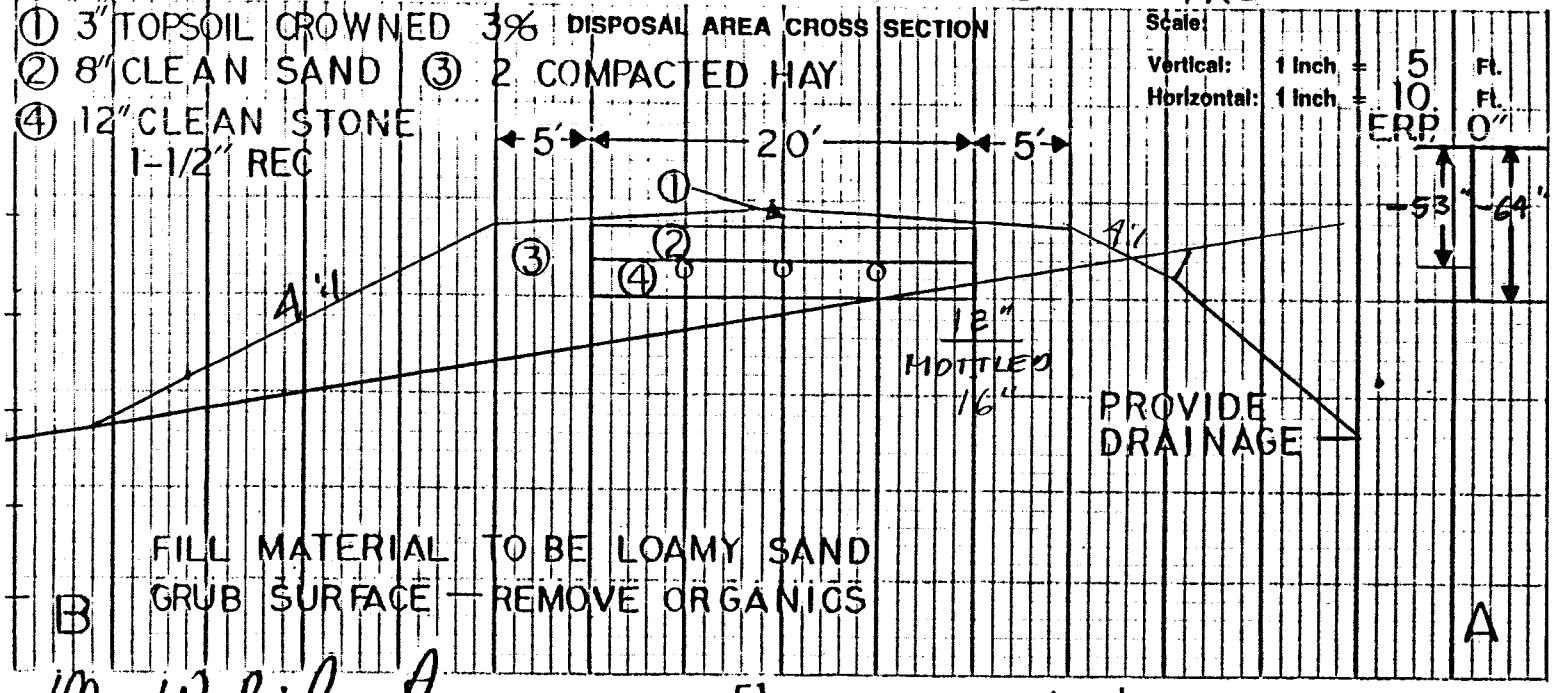
NAIL IN 13" CHERRY TREE

## DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 Inch = 5 Ft.

Horizontal: 1 Inch = 10 Ft.




Site Evaluator Signature

51
SE#

4/21/94
Date